CCH Monthly Report

Item # 26-0935

Information contained in this Report was presented to the CCH Board in February, 2026

COOK COUNTY HEALTH

Administrative Updates

COOK COUNTY HEALTH

New Hires & Promotions

COOK COUNTY HEALTH

Congratulations

New Leadership Hires
Jacqueline Cwiok, Director of Patient Safety, Quality Assurance
Nison Puranasopar, Nurse Coordinator II, Cermak
Candace Harrison, Clinical Excellence & Performance Improvement Manager, Behavioral Health
Pamela Kerr, Community and Social Services Manager, County Care
Jasmine Royal, Manager of Complex Care Coordination, CountyCare
Victoria Zapater-Charrette, Manager of Value-Based Products, CountyCare

Congratulations

Promotions

Marisol Nunez, Assistant Director of Operations, Regional Outpatient Center

Recognition & Announcements

COOK COUNTY HEALTH

Severe Weather Preparedness

We extend our sincere appreciation to the Buildings and Grounds, Environmental Services, Health Information Services, Clinical Engineering, Safety, and Infection Control teams for their rapid, coordinated, and around-the-clock response to two recent floods and cold weather preparation.

Their professionalism, technical expertise, and commitment to safety were instrumental in mitigating damage, restoring operations, and ensuring a safe environment for patients, staff, and visitors. Some of those involved are listed below. Thank you!

Operating Engineers at Stroger
Keith Gutillo
Kwame Adu
Cruz Reyes
Mike Norton
Keith Gomillia
Roberto Ramos

Operating Engineers at Provident
David Radavich
Alvin Clark
John Godfrey
Dan Egan
Alonzo Briseno
Emmanuel Caballero

Pipefitters
Bob Smith
Paul Mitchell

Laborers
Craige Lefils
Michael Callahan
Bobby Steps

FM Team
Berto Santiago
Chanthini Fowler
Darren Jackson
Katherine Robinson

Electricians at Provident
Matthew O'Connell
James Gannon

Safety Management Officer
Lezah Brown-Ellington

Life Safety Director
Latrice Porter-Thomas

Machinists
Jason Kahn
Omar Torres
Tony Skvarenina
John Escher

Electricians at Stroger
Nicholas Messing
Brandon Hurn
Kris Garcia
Joseph Ward
Greg Potok
William Collins
Jamon Green

Percival Frazier
Sam Gurgone

Plumbers
Mike Stevens
Eddie Guerra
Mark Avina
Michael O'Malley
Michael McGinnis
Kelvin Sims
Juan Salazar

Supervisor EVS
Ontavious Woods

Network Information Officer
Mark Wozny

HIS Manager
Darnell Marsh

Chicago Magazine’s Top Docs

Congratulations to **Dr. Elizabeth A. Marcus** for getting named in Chicago Magazine's Top Docs list! She was named as one of the best under the Surgical Oncology (Breast Cancer) category.

This year’s list focused on “Cancer Fighters” and included 543 area physicians, nominated by their peers as the best across various specialties.

Austin Health Center Community Advisory Council

This month Cook County Health hosted the first meeting of the **Austin Health Center Advisory Council**. With this launch, now all ACHN sites have community advisory councils.

The Austin Health Center Advisory Council is comprised of representatives from a dozen local community organization partners.

At the meeting, attendees received an overview on Cook County Health, the Austin Health Center, CountyCare and the Cook County Department of Public Health.

Thanks to the CCH community outreach team- Nick Shields, Marcelino Garcia, Alice Collins, and Kaelin Long- for leading these councils!

Food as Medicine

CCH held a Facebook Live discussion on February 25 to celebrate Black History Month and recognize the role access to healthy, culturally meaningful food plays in preventing illness and sustaining wellbeing.

The discussion included:

- Cook County Commissioner Michael Scott, 2nd District
- Barbara Deer, advocate & wife of Commissioner Dennis Deer
- Shannon Andrews, Chief Equity & Inclusion Officer, Cook County Health
- Dr. Arnold Turner, Chief Hospital Executive, Provident Hospital

The panelists discussed both the history and the ongoing work to advance health equity through nutrition.

Community Relations

COOK COUNTY HEALTH

Community Advisory Councils

Cook County Health Advisory Councils include patients, community and religious organizations and serve as a way to promote our services in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health center's relationships in the community. The councils meet quarterly to provide current information on Cook County Health and as an avenue for members to share information about their organizations.

In Quarter 1 of 2026, the councils receive the following presentations:

- Transforming Care Together, Strategic Plan 2026-2028
- Cook County HIV Integrated Program (CCHIP), Marketing Campaign: "Getting Some?"
- CountyCare Update – Overview and Member Incentives and Supplemental Benefits
- CCDPH Update: General Overview and Healthy Beginnings Program

Community Advisory Councils

COOK COUNTY HEALTH

Upcoming CAC 2026 meetings:

Prieto: Tuesday at 1:00 PM: March 3, June 2, September 1, December 1
2424 S. Pulaski, Chicago, IL 60623

Robbins: Tuesday at 1:00 PM: March 10, June 9, September 8 (hybrid), December 8
13450 S. Kedzie Road, Robbins, IL 60472

Englewood: Thursday at 1:00 PM: March 12, June 11, September 10, December 10
1135 W. 69th Street, Chicago, IL 60621

Cottage Grove: Tuesday at 1:00 PM: April 21, July 21, October 20
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

Provident Hospital, Sengstacke & Bronzeville Health Centers: Wednesday at 9:00 AM:
April 23, July 23, October 22
500 W. 51st Street, Chicago, IL 60609

North Riverside: Tuesday at 1:00 PM: April 28, July 28, October 27
1800 S. Harlem Avenue, North Riverside, IL 60546

Belmont Cragin: Thursday at 1:00 PM: May 7, August 6, November 5
5501 W. Fullerton Avenue, Chicago, IL 60639

Austin: Tuesday at 1:00 PM: May 12, August 11, November 10
4800 W. Chicago Avenue, Chicago, IL 60651

Blue Island: Wednesday at 1:00 PM: May 13, August 12, November 11
12757 S. Western Ave., Blue Island, IL 60406

Arlington Heights: Tuesday at 1:00 PM: May 19, August 18, November 17
3520 N. Arlington Heights Road, Arlington Heights, IL 60004

Community Events – By the Numbers

In January, the outreach teams of Cook County Health, CountyCare and the Cook County Department of Public Health in more than 50 events across Cook County.

Outreach Events: 30 events
Redetermination Events: 19 events
Suburban Vaccination Clinics: 4 clinics
Attendance Reach: more than 3000 attendees at events
Tabling connections: more than 1000 people stopped at our tables

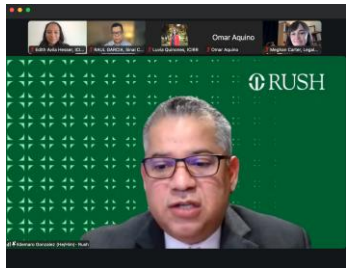
Events of note:

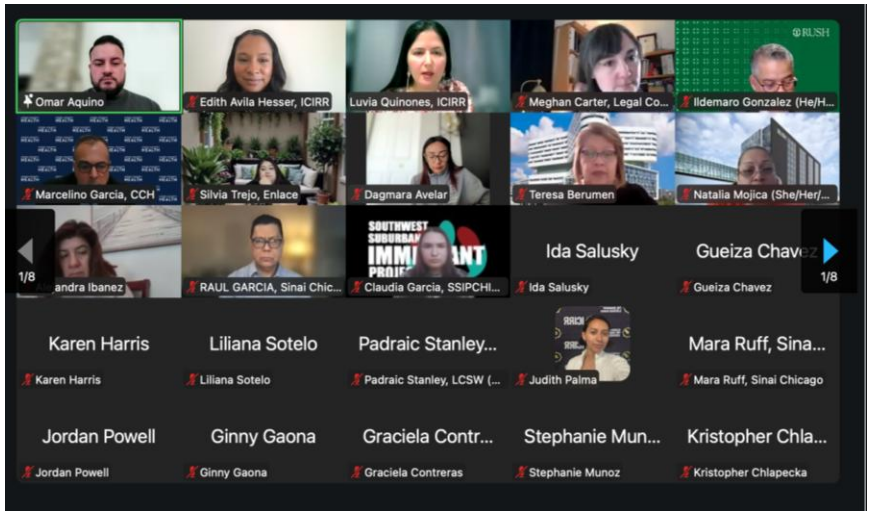
- Commissioner Frank Aguilar's 16th District Open House
- Ebenezer Christian Reformed Church Resource Event
- MLK Celebration & Spirit of Excellence Awards Ceremony at Valley Kingdom Ministries
- MLK Day of Service at the DuSable Museum
- 3rd Annual Southwest Job Fair at the Tinley Park Convention Center
- Home Visiting Collaboration of South Suburban Cook (SSC)
- Alderman Ronnie Mosley Monthly Town Hall at the Woodson Regional Library
- Worth Township Job and Resource Fair at the Worth Township Hall Gymnasium
- BUILD Chicago CEO Welcome Reception

Community Events

Virtual Panel: IL Hospitals Welcome All: Healthcare Sanctity and Privacy Law

On January 28, 2026, Cook County Health participated in the **Illinois Coalition of Immigrant & Refugees Rights' (ICIRR)** panel on the Healthcare Sanctity and Privacy law, which sets a new standard for hospitals in IL in which law enforcement for the purpose of immigration enforcement must follow the law before accessing any hospital private space, patient data, or patients. The goal of the law is for hospitals to continue providing quality patient care that all Illinoisans deserve without external interference. Marcelino Garcia, Director of Community Affairs, joined representatives from Sinai Chicago, Rush University Medical Center, Legal Council for Health Justice, the Southwest Suburban Immigrant Project, and Enlace Chicago in the virtual discussion. The event was attended by over 200 participants.





Community Events

Southland Ministerial Health Network Presentations

On February 18, 2026, teams from Cook County Health presented at the monthly meeting of the Southland Ministerial Health Network which took place at the Posen Community Center located at 14401 Campbell Avenue in Posen, IL 60469. Apostle Carl White welcomed us to the meeting. Brianna Griggs, CCHIP Program Manager at SSHARC (South Suburban HIV/AIDS Regional Coalition) presented on the Cook County HIV Integrated Program (CCHIP), Marketing Campaign: “Getting Some?”. In addition, Danielle Fultz, Manager of the Justice Services, presented on Provident Hospital’s Clinical Triage Stabilization Center. Alice Collins, Community Outreach Worker, presented on general Cook County Health and CountyCare resources.

Community Events - March

March 2 – **National Kidney Foundation of Illinois' World Kidney Day – Chicago** – Malcolm X College, 1900 W. Jackson Boulevard, Chicago, IL 60612.
March 5 – **TCA Health's Job Fair** – TCA Health, East Wing,1029 East 130th Street, Chicago, IL 60628.
March 5 – **Kennedy-King College and St. Sabina Employment Resource Center's Spring 2026 Career & Internship Fair** – Kennedy-King College, 6301 S. Halsted Street, Chicago, IL 60621.
March 6 – **Chicagoland Communities Health Workers Champion Award**– The Walnut Room, Macy's 7th floor, 111 N. State Street, Chicago, IL 60602.
March 7 – **Neighborhood Housing Services – South Suburbs' Neighbors at the Table: A Neighborhood Assembly** – Village of Hazel Crest, 3601 W. 183rd Street, Hazel Crest, IL 60429.
March 7 – **South East Chicago Commission's 17th Annual Woodlawn Community Summit** – Edith Abbott Hall, Lobby, 969 E. 60th Street, Chicago, IL 60637.
March 7 – **CCDPH Suburban Vaccination Event** – Robbins Health Center, 13450 S. Kedzie Avenue, Robbins, IL 60472.
March 12 – **CountyCare's Community Enrollee Committee Meeting** – Provident Hospital of Cook County, 500 E. 51st Street, Chicago, IL 60615.
March 12 – **Illinois Welcoming Centers and ICIRR's Virtual Training on Health Care Access for Immigrant Communities** – virtual.
March 14 – **Village of Hanover Park and Hanover Park Park District's Kids at Hope Health & Resource Fair**– Hanover Park Park District, 1919 Walnut Avenue, Hanover Park, IL 60133.
March 14 – **Congresswoman Robin Kelly's 2025 Youth Opportunities Fair** – Hillcrest High School, 17401 S. Pulaski Road, Country Club Hills, IL 60478.

Community Events - March

March 14 – **CCDPH Suburban Vaccination Event** – Cottage Grove Health Center, 1645 S. Cottage Grove Avenue, Ford Heights, IL 60411.
March 15 – **Addus Homecare and NAMI Resource Event**– Mt. Carmel Children of God Baptist Church, 5141 S. Damen Avenue, Chicago, IL 60609.
March 15 – **The Links, Incorporated's Black Family Wellness Expo** – New Landmark Baptist Church, 2700 W. Wilcox Street, Chicago, IL 60612.
March 19 – **CountyCare's Community Stakeholder Committee Meeting** – virtual.
March 21 – **Calumet City Library's Spring 2026 Open Closet Extravaganza –** Calumet City Library, 660 S. Manistee Avenue, Calumet City, IL 60409.
March 21 – **LUCERO's Colorectal Cancer Awareness Health and Resource Fair** – Richards Academy, 5009 S. Laflin Street, Chicago, IL 60609.
March 21 – **CCDPH Suburban Vaccination Event** – North Riverside Health Center, 1800 S. Harlem Ave Suite A, North Riverside, IL 60546.
March 26 – **Walk with a Doctor** – Englewood Red Shield Salvation Army, 945 W. 69th Street, Chicago, IL 60621.
March 28 – **M.E.A.N. Girls Empowerment Inc.'s Bullying Prevention Program 5th Annual Girls' Health Matters Summit** – Englewood Stem High School, 6835 S. Normal Boulevard, Chicago, IL 60621.
March 28 – **CCDPH Suburban Vaccination Event** – Arlington Heights Health Center, 3250 N. Arlington Heights Road, Arlington Heights, IL 60004.

Redetermination Events - March

March 3 – **Cottage Grove Health Center** – 1645 S. Cottage Grove Avenue, Ford Heights, IL 60411.
March 4 – **Primecare Health Center** – 5635 W. Belmont Avenue, Chicago, IL 60634.
March 5 – **Friend Health** – 5635 S. Pulaski Road, Chicago IL 60629.
March 6 – **St. Bernard Hospital** – 6307 S Stewart Street, Chicago, IL 60621.
March 9 – **Jorge Prieto Health Center** – 2424 S. Pulaski Road, Chicago, IL 60623.
March 10 – **Robbins Health Center** – 13450 S. Kedzie Avenue, Robbins, IL 60472.
March 10 – **Family Guidance Center** – 310 W. Chicago Avenue, Chicago, IL60654.
March 11 – **Provident Hospital** – 500 E. 51st Street, Chicago, IL 60615.
March 12 – **Alivio Health Center** – 2021 S. Morgan Street, Chicago, IL 60608.
March 13 – **Chicago Family Health Center** – 9119 S. Exchange Avenue, Chicago, IL 60617.
March 16 – **Stroger Hospital** –1969 W. Ogden Avenue, Chicago, IL 60612.
March 17 – **Esperanza Health Center** – 4700 S. California Avenue, Chicago, IL 60632
March 18 – **Primecare Health Center** – 5635 W. Belmont Avenue, Chicago, IL 60634.
March 19 – **Friend Health** – 5635 S. Pulaski Road, Chicago IL 60629.
March 20 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, IL 60621.
March 24 – **Humboldt Park Health** – 1044 N. Mozart Street, Chicago, IL 60622.
March 25 – **Provident Hospital** – 500 E. 51st Street, Chicago, IL 60615.
March 26 – **Care for Friends** – 530 W. Fullerton Parkway, Chicago IL 60614.
March 27 – **Arlington Heights Health Center** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004.
March 30 – **Blue Island Health Center** – 12757 S. Western Avenue, Blue Island, IL 60406.
March 31 – **Lawndale Christian Health Center** – 3750 W. Ogden Avenue, Chicago IL 60623.

Media Dashboard & Social Media Report

COOK COUNTY HEALTH

Earned Media Dashboard

Total Media Placements

201

Total Reach

871M

Total Media Value

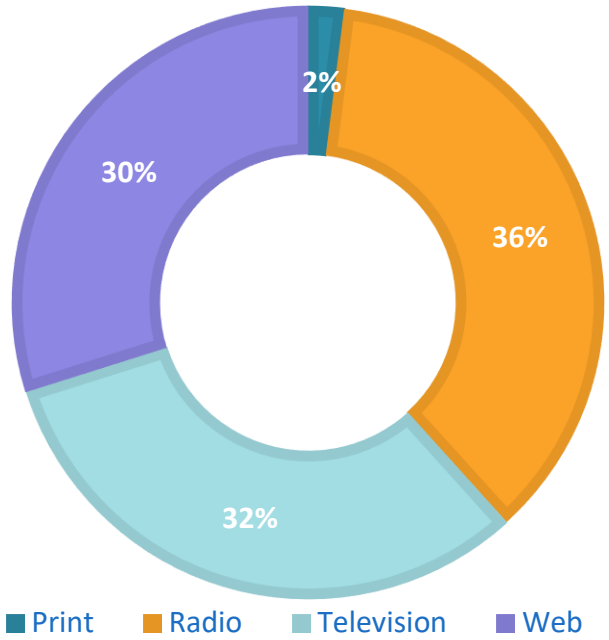
$8.1M

Top Local Media Outlets

1. *WBBM Radio*
2. *CBS 2 Chicago*
3. *Fox 32 Chicago*
4. *ABC 7 Chicago*
5. *WTTW Chicago*

Media Dashboard

Media by Outlet Type

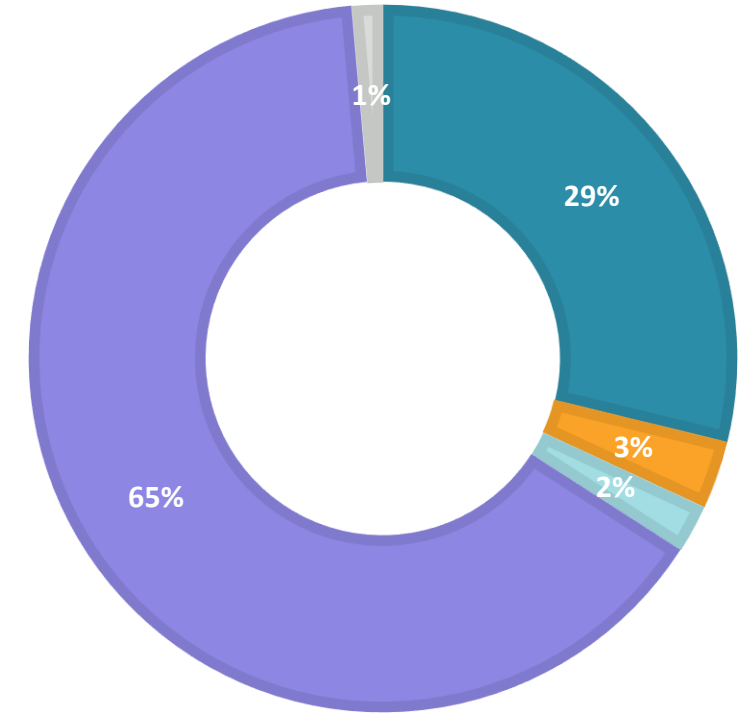


Most Common Topics

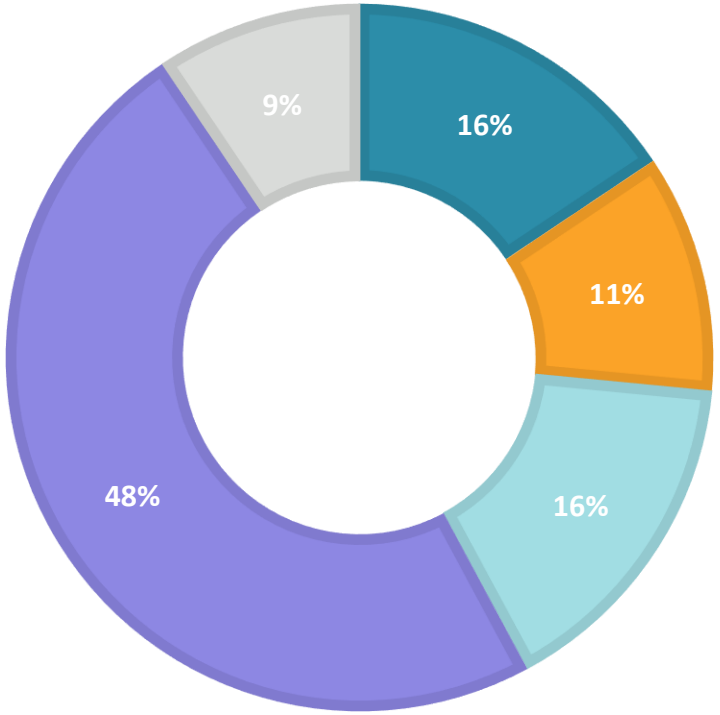
1. Food as Medicine Campaign
2. Flu updates
3. Healthy Beginnings
4. Cold Weather safety

Media Benchmarking

Share of Reach



Share of Mentions



Media Benchmarking

Top Article by Reach ⓘ

Jan 8 – Feb 5

CBS News · Tara Molina

Editorial | US | Jan 30 · 5:22 PM

Stroger Hospital bracing for surge in uninsured patients due to federal funding cuts

21% of the patients at Stroger Hospital are uninsured, but officials expect that number to increase. Stroger Hospital saw higher numbers of

Social Echo 29 1 0

43.9M Reach

Negative

Top Headlines

COOK COUNTY HEALTH

Noticiero Bilingue LAWNDALE news

Cook County Launches Campaign to Promote Lead Removal Services

msn

Doctors reveal key 'super flu' symptoms to watch for

CHICAGO SUN-TIMES
The Hardest-Working Paper in America

As ACA tax credit debate continues in Congress, Illinois sees slight decrease in enrollment

health

5 Tips for Staying Safe and Injury-Free While Shoveling Snow

NBC 5 CHICAGO

Cook County Health Offers Weight Loss Surgery

WBEZ CHICAGO

The new SNAP work requirement rules are in effect. Here's what you should know

Healthy Super Bowl app ideas

CBS NEWS CHICAGO

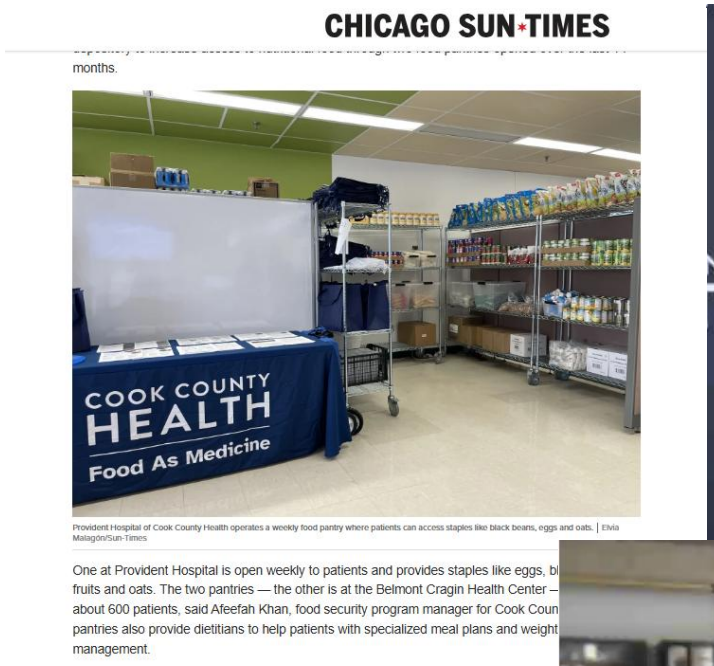
Stroger Hospital bracing for surge in uninsured patients due to federal funding cuts

wttw CHICAGO

Public Safety, Violence Intervention Leaders React to Homicide Decline in Chicago

SNAP Changes

Cook County Health held a press conference to discuss impending changes to SNAP benefits. We received coverage from Chicago Suntimes, WBEZ, Fox 32, ABC 7 Chicago, Telemundo and CBS 2 Chicago.


CHICAGO SUN-TIMES

months.

Provident Hospital of Cook County Health operates a weekly food pantry where patients can access staples like black beans, eggs and oats. | Elvia Malagon/Sun-Times

One at Provident Hospital is open weekly to patients and provides staples like eggs, bl
fruits and oats. The two pantries — the other is at the Belmont Cragin Health Center —
about 600 patients, said Afeefah Khan, food security program manager for Cook Coun
pantries also provide dietitians to help patients with specialized meal plans and weight
management.

Social Media Summary

During January 8 – February 8, 2026, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

- **Facebook – 66 posts**
  https://www.facebook.com/Cookcountyhhs/

- **Twitter – 66 posts**
  https://twitter.com/CookCtyHealth

- **Instagram – 72 posts (includes stories and IGTV)**
  https://www.instagram.com/cookcountyhealth/

- **LinkedIn – 44 posts**
  https://www.linkedin.com/company/cook-county-health/

Social Media Summary

(In comparison to last year during the same time period)

Twitter

- Impressions: **5.6K**
- Post Link Clicks: **11**
- Engagements: **45**
- Followers: **4.6K**

LinkedIn

- Impressions: **54.2K** (up **34%**)
- Page Views: **4.5K** (up **18%**)
- Engagements: **4.7K** (up **82%**)
- Followers: **21.2K** (up **2%**)

Facebook

- Total impressions: **1.3M** (up **133%**)
- Post engagement: **17.4K** (up **134%**)
- Page Views: **187K** (up **913%**)
- Page followers: **10.1K** (up **167** **from previous report**)

Instagram

- Impressions: **38.3K** (up **31%**)
- Engagement: **594** (up **73%**)
- Page Reach: **9.0K**
- Followers: **4.3K** (up **48**)

Facebook Insights

Top Posts

Cook County Health
Published by Meltwater Engage · January 20 at 12:00 PM

Congratulations to the graduates of our APRN Fellowship! We are incredibly proud of your dedication, resilience, and commitment to patient care.

GENERAL METRICS

61	4	4	14.82%
Reactions	Comments	Shares	Eng. Rate

REACTIONS

144	28	0
Like	Love	Wow
0	0	0
Haha	Sorry	Angry

REACH

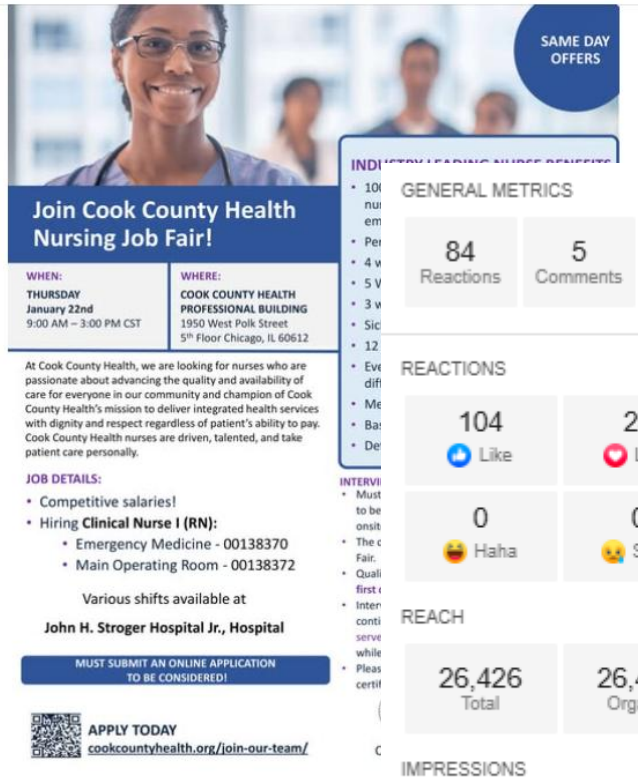
6,242	6,242	0
Total	Organic	Paid

IMPRESSIONS

10,884	10,884	0
Total	Organic	Paid

Cook County Health
Published by Meltwater Engage · January 15 at 11:59 AM

Cook County Health is hiring Nurses! Join our job fair next week on Thursday, January 22. You must submit an online application to be considered. Visit the link to find out more information.
https://cookcountyhealth.org/join-our-team/



GENERAL METRICS

84	5	129	7.15%
Reactions	Comments	Shares	Eng. Rate

REACTIONS

104	24	0
Like	Love	Wow
0	0	0
Haha	Sorry	Angry

REACH

26,426	26,426	0
Total	Organic	Paid

IMPRESSIONS

40,398	40,398	0
Total	Organic	Paid

Facebook Benchmarking

Top performing pages by **engagement rate**.

Top Page
Compared to previous period

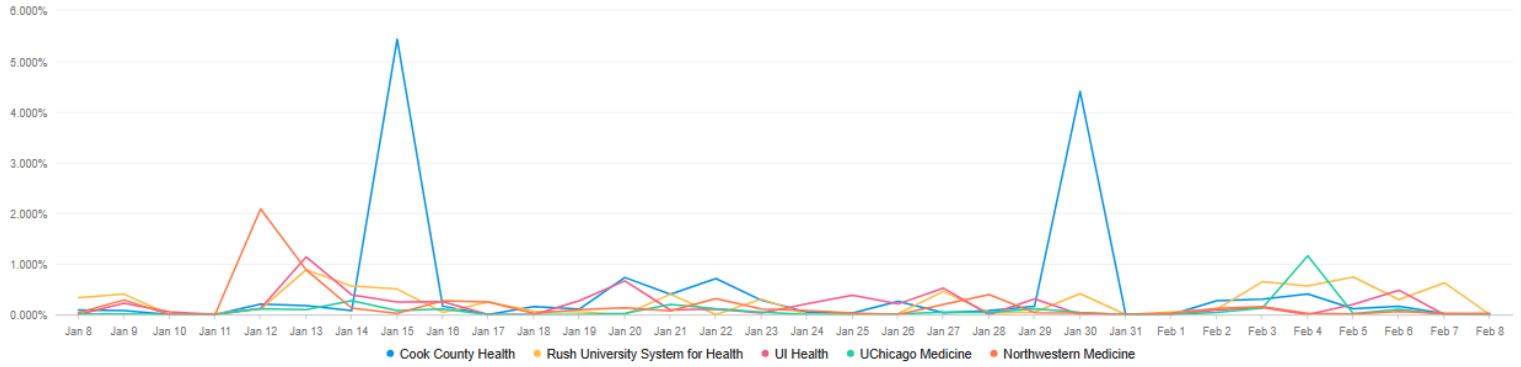
Cook County Health
with 0.467% average

↑250%

Landscape Average
Compared to previous period

0.236 %
Engagement rate

↑50%



Twitter Insights

Top Posts

GENERAL METRICS

863 Impressions	6 Engagements	1 Likes
3 Retweets	0 Replies	

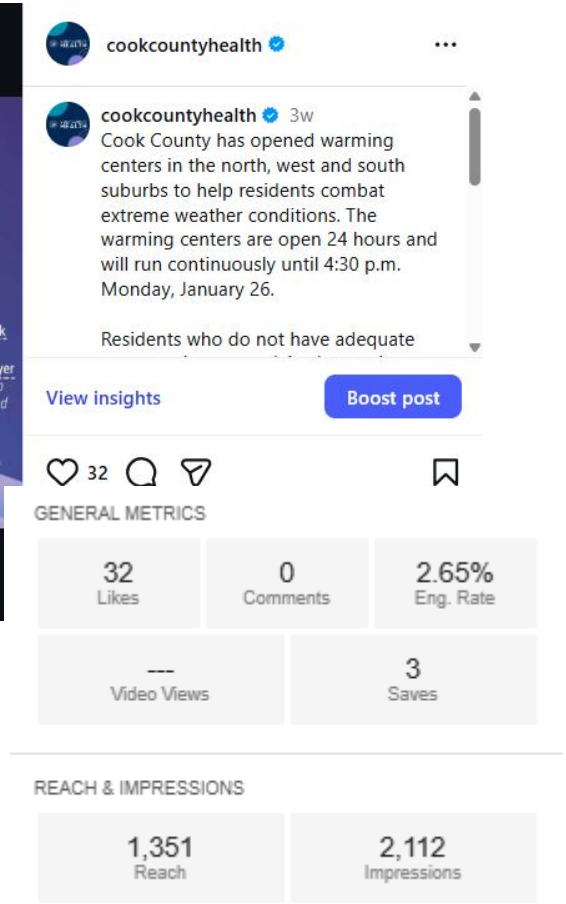
GENERAL METRICS

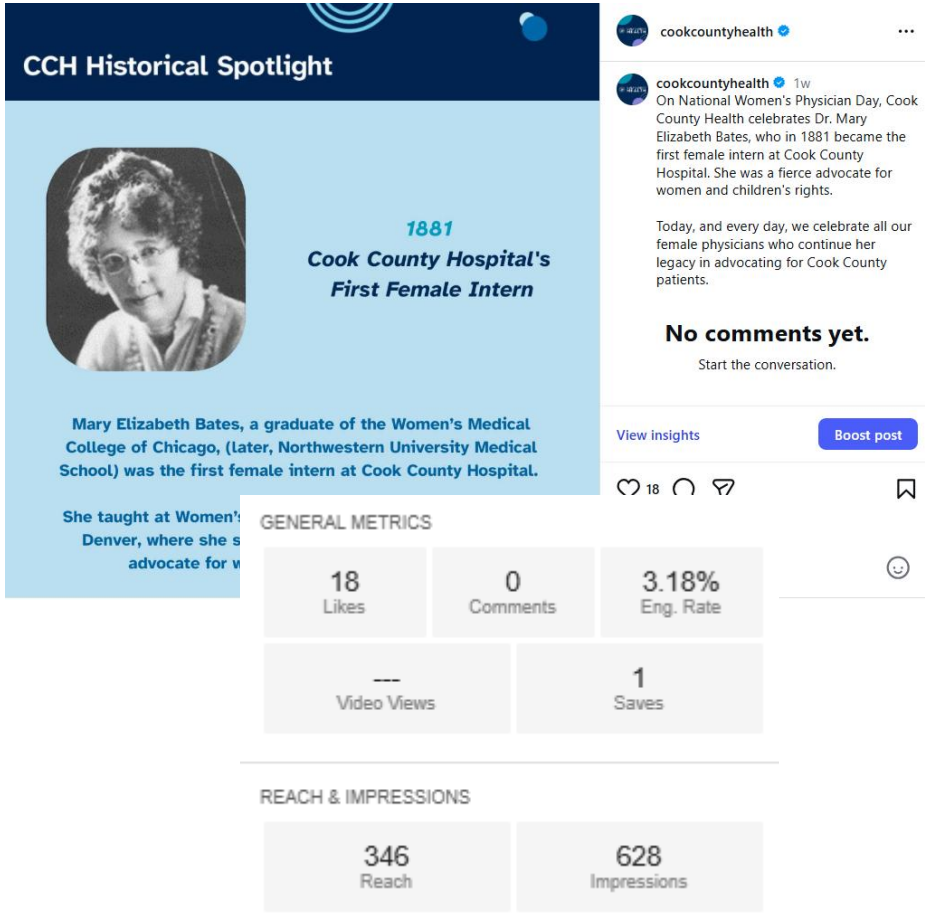
165 Impressions	0 Engagements	0 Likes
0 Retweets	0 Replies	

Instagram Insights

COOK COUNTY HEALTH

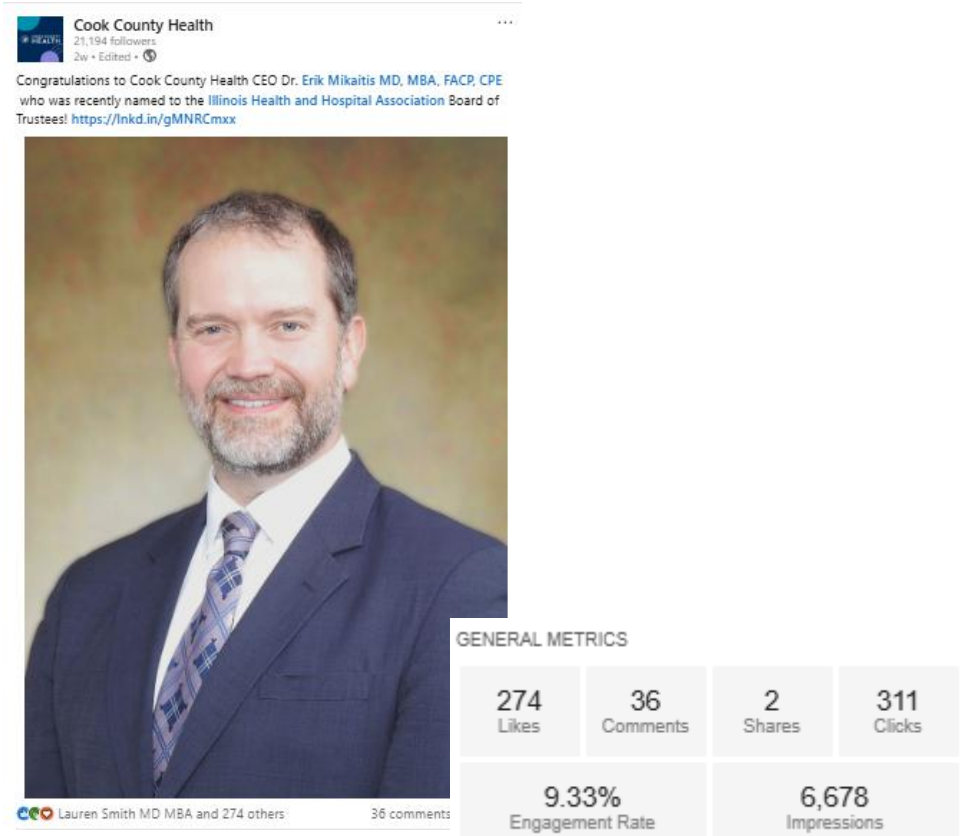
Top Posts

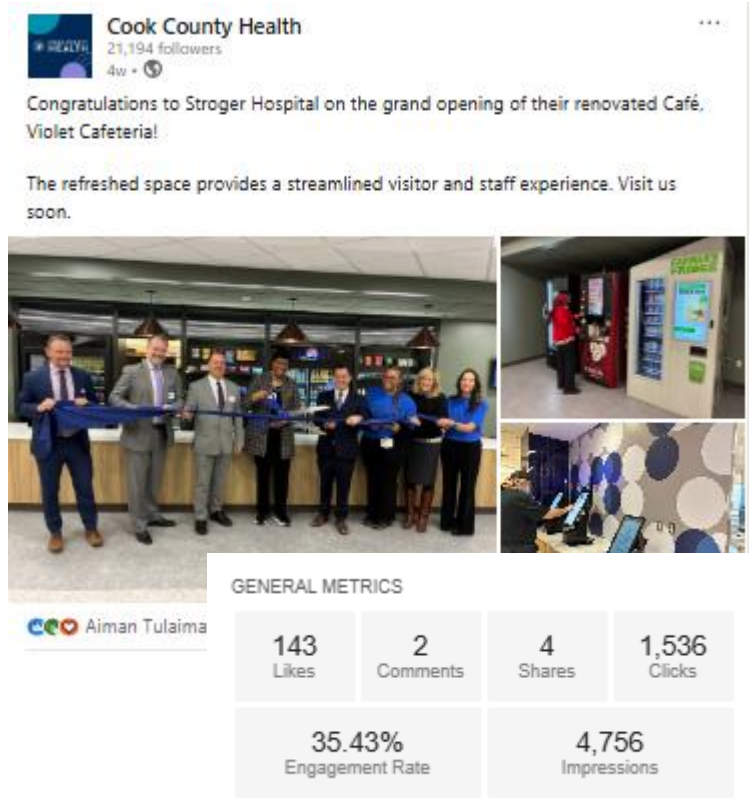




LinkedIn Insights

Top Posts





Legislative Updates

COOK COUNTY HEALTH

CEO Report Legislative Updates Local

The **week of February 2nd**, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.

Finance Committee – Scott Spencer, Interim Chief Financial Officer addressed questions related to the County's *Monthly Revenues and Expenses Report* as well as *CCH's Monthly Report* which is a compilation of the metrics and presentations made to the CCH Board of Directors from the previous month.

Health & Hospitals Committee – Dr. Kiran Joshi, CCDPH COO provided testimony on Commissioner Tara Stamps (1st District) Chronic Traumatic Encephalopathy (CTE) Resolution. Aaron Galeener, CountyCare's Chief Administrative Officer, presented to the committee with CountyCare updates.

The **Cook County Board of Commissioners met on February 5, 2026**. At the regularly scheduled Cook County Board Meeting the following items pertaining to CCH appeared on the agenda:

- a proposed grant award amendment to increase by S176,555.00 a Population Centered Health Homes CDC-HIV Services grant award from CDPH was approved,
- CCDPH's Q1 Quarterly Report on Data was referred to the Health & Hospitals Committee for consideration.

CEO Report Legislative Updates State

Cook County Health has been working with the legislative team in the President's Office on CCH's 2026 state legislative priorities, which include:

- Protecting and preserving Medicaid and other programs that provide comprehensive, affordable health coverage;
- Increasing state funding to local health departments; and
- Advocating for evidence-based behavioral health interventions and systemic changes that improve access to care to mental health and substance use disorder services.

In light of federal announcements, the HFS issued a notice that reaffirms pediatric immunizations covered by the Vaccine for Children (VFC) program and Illinois Medicaid are in line with vaccine recommendations from IDPH, which recently adopted the American Academy of Pediatrics' (AAP) 2026 Child and Adolescent Immunization Schedule.

Illinois Attorney General Kwame Raoul joined with three other states (California, Minnesota, Colorado) to file a lawsuit against the Trump Administration's attempt to cut $600M in public health grants, including $170M+ to Illinois state agencies and locally based organizations. A federal judge has temporarily blocked the cuts for 14 days. IDPH and Chicago Department of Public Health would be most impacted if these cuts were to take effect; other impacted grantees include Lurie Children's Hospital, University of Chicago, Northwestern University, the American Academy of Pediatrics, and the American Medical Association.

CEO Report Legislative Updates State

Starting February 1, 2026, the Illinois Department of Human Services will begin to administer work requirements for Able-Bodied Adults Without Dependents (ABAWDs) in the Supplemental Nutrition Assistance Program (SNAP). Populations that had previously been exempt prior to the passage of H.R.1, including Veterans, older adults 55-64 years of age, individuals experiencing homelessness, and ABAWDs with children 14 years or older, will be subject to work requirements. ABAWDs who do not meet work requirements or qualify for an exemption may only receive SNAP benefits for three months during a three-year period. Based on the new federal law, individuals who don't meet the new requirement could lose SNAP benefits starting May 1, 2026.

H.R.1 imposes a similar work requirement for non-disabled adults on Medicaid, which is scheduled to take effect 2027.

- It is important to remember that most adults with Medicaid who can work do work.
- Arkansas piloted work requirements in 2018. Over a 4-month period of implementation, 18,000 residents lost coverage before a federal judge halted the program. A 2019 study showed that 97% of those who lost coverage were already meeting the requirement or should have received an exemption.

CEO Report Legislative Updates State

COOK COUNTY HEALTH

1115 Medicaid Waiver

In July 2024, the Illinois Department of Healthcare and Family Services (HFS) received federal approval for its Medicaid 1115 waiver. Federal CMS has approved the 1115 waiver contract, protocols, and plans necessary for implemention.

The 1115 waiver permits Illinois Medicaid to cover new health related social needs including food/nutrition, housing and housing supports, medical respite, violence prevention/intervention, non-emergency transportation, and supported employment. These new benefits will be administered through Medicaid Managed Care. Additionally, the waiver will allow individuals residing in state prisons or the Cook County Jail to be covered by Medicaid up to 90 days pre-release, to support these individuals in their re-entry efforts.

CCH has been actively engaged in several HFS workgroups and planning discussions. The first phase of waiver services will include food/nutrition, medical respite, housing, and re-entry. Internal waiver readiness meetings have also been taking place at CCH since early 2023, and stakeholders include leaders from strategy, finance, operations, clinical, and managed care.

HFS hosted a virtual public forum on the 1115 waiver on October 3, 11am-1pm. The forum provided an update on progress of the waiver and solicited comments. Cook County Health and CountyCare submitted public comments that expressed support for efforts to implement the waiver.

Distressed Hospital Loan Program" for non-profit hospitals at risk of closure due to financial distress.
"Distressed Hospital Loan Program" for non-profit hospitals at risk of closure due to financial distress.

CEO Report Legislative Updates State

The Illinois Senate and House of Representatives are scheduled for session through May 31.

Governor Pritzker delivered the State of the State and FY27 budget address on February 18. The new state fiscal year starts July 1. The proposed budget is considered by many to be a “maintenance” budget with no significant spending increases or cuts. Of note:

- The Illinois Department of Healthcare and Family Services (HFS) budget preserves Medicaid eligibility, covered benefits, and provider rates. The Health Benefits for Immigrant Seniors (HBIS) program is funded in the FY27 budget, but new enrollment remains frozen as it has been since November 2023. The HFS budget also includes $85M for a new “Distressed Hospital Loan Program” for non-profit hospitals at risk of closure due to financial distress.
- The Illinois Department of Human Services (DHS) budget includes $50M to fund 450 new positions and technology upgrades to comply with new SNAP and Medicaid requirement as a result of H.R. 1.
- The Illinois Department of Public Health (IDPH) budget flat funds local health departments at the same amount as FY26 and includes $22M to support reproductive health care.

CEO Report Legislative Updates Federal

Fiscal Year (FY) 2026 Funding State-of-Play

- **11 out of 12 FY26 appropriations bills are now law including Labor-HHS**
- **There is a Department of Homeland Security (DHS)-specific shutdown after Congress failed to enact an FY26 DHS funding bill**
  - DHS bill funds TSA, Coast Guard, FEMA, Secret Service, ICE and CBP.
  - ICE and CBP were given massive new funding under H.R. 1 so their operations are not impacted by this DHS-specific shutdown
- **At present, Democrats are united in demanding reforms to ICE and CBP including limiting immigration enforcement at or near sensitive locations such as hospitals and schools, among other policies**
- **Both the House and Senate are in recess this week so the DHS-specific shutdown will continue into next week at a minimum**
  - The State of the Union is still scheduled to occur on February 24th

CEO Report Legislative Updates Federal

COOK COUNTY HEALTH

Other Health Care Updates

Negotiations on extending the ACA Enhanced Premium Tax Credits are dead in Congress

- Uninsurance rate and insurance premium costs expected to soar in 2026

Bipartisan letter to DHS Secretary Noem urging her to create a health care sector exemption from the new $100,000 fee on employers that petition for a new H1-B visa

- Several members of the IL congressional delegation signed on

CEO Report Legislative Updates Federal

COOK COUNTY HEALTH

Trump Administration News

CDC Funding Terminated in 4 States

- Grantees in IL, CA, MN and CO have received termination notices for various CDC grants totaling more than $600 million covering public health infrastructure, HIV/AIDS prevention, treatment and surveillance, among other issues
- Attorneys General for the 4 states secured a Temporary Restraining Order halting the grants' termination for 14 days while a permanent injunction is pursued

340B Request for Information (RFI)

- Health Resources and Services Administration (HRSA) published an RFI inviting comments on a range of issues to assess whether to implement a potential 340B Rebate Model Pilot Program
- HRSA undertaking this regulatory step prior to issuing a proposed rebate model (again) in order to attempt to comply with the recent court ruling enjoining the prior HRSA rebate model
- Comments are due by March 19

Vaccines

- Hearing held on legal challenge to HHS's new childhood vaccine schedule that reduced the number of

CEO Report
Medicaid Impact Working Group Updates

In September 2025, Cook County Health hosted a cross-sector convening of 60+ health care providers, payers, foundations, academia, advocates, community organizations, business to mitigate harms from H.R.1 eligibility changes. Short- and long-term action items identified include:

- Create and disseminate communications and training resources
- Identify best practices from restart of Medicaid redetermination following end of the Public Health Emergency
- Leverage technology platforms including electronic medical records, provider/patient portals, AI, etc.
- Prioritize exempting eligible individuals
- Strengthen and coordinate health care for the uninsured

Three sub-groups have been established and include: coalition building, communicate/educate, innovate/create. The full group will be reconvened in early March.

- Complete this survey to join a sub-group: https://forms.office.com/r/vKFDQ5aq6C

CCH is working closely with HFS. Detailed federal guidance on implementation has not yet been issued, which limits communication and mobilization efforts.

CCH is also working with the National Association of Counties (NACo) to scale best practices, learn from other counties, and leverage collective advocacy opportunities.

CEO Report
National Association of Counties (NACo) Advocacy

President Preckwinkle, Dr. Mikaitis along with Cook County and CCH leaders attended the NACo Annual Legislative Conference in Washington D.C.

NACo's Health Policy Steering Committee approved the following interim policy resolutions:

- ***Supporting Relief for Counties in the Administration of H.R.1 Medicaid and SNAP Provisions*** sponsored by President Preckwinkle;
- ***Supporting the Healthcare Workforce*** sponsored by President Preckwinkle;
- ***Supporting the 340B Program*** sponsored by President Preckwinkle;
- ***Requesting Congress and the Administration to Fund Research on CTE and the Impact on Students' Mental Health*** sponsored by Commissioner Tara Stamps (1st District);
- ***Advancing Mental Health Equity and Access for Underserved Youth*** sponsored by Commissioner Tara Stamps (1st District);
- ***Preserving Medicaid Eligibility for People with Disabilities*** sponsored by Commissioner Alma Anaya (7th District)

Cook County and CCH led the **National County Hospital System Consortium Convening** to discuss the impacts of H.R.1 and strategizing on collective advocacy efforts to mitigate

Senator Dick Durbin and Senator Tammy Duckworth met with Cook County leaders and discussed H.R.1 and the impact on Medicaid to Cook County Health.

CCH participated in a County Executives meeting with **Dr. Mehmet Oz, Centers for Medicare and Medicaid Services (CMS) Administrator.** The discussion was far ranging and covered a number of issues including H.R.1 guidance and implementation as well as the healthcare ecosystem.

CEO Report
America's Essential Hoapitals (AEH) Advocacy

Dr. Mikaitis along with CCH leaders, including CCH's AEH Fellows, attended AEH's Federal Policy Assembly in Washington D.C.

Topics covered during the Assembly included the following:

- policy and advocacy updates,
- **Congressional priorities ahead of the Midterm Elections and health care implications,**
- Health Policy Through an Administrative Lens

CCH met with Congressman Davis and Congresswoman Schakowsky's Health Policy Staff to share concerns with H.R. 1 implementation, CCH's Medicaid Impact Workgroup as well as concerns with proposed changes to the 340B program and the healthcare workforce.

CCH Leadership and AEH Leadership met to discuss H.R.1, CCH's Medicaid Impact Workgroup and opportunities for advocacy and collaboration with AEH members nationally as well as pending bi-partisan legislation creating an "Essential Hospital" designation.

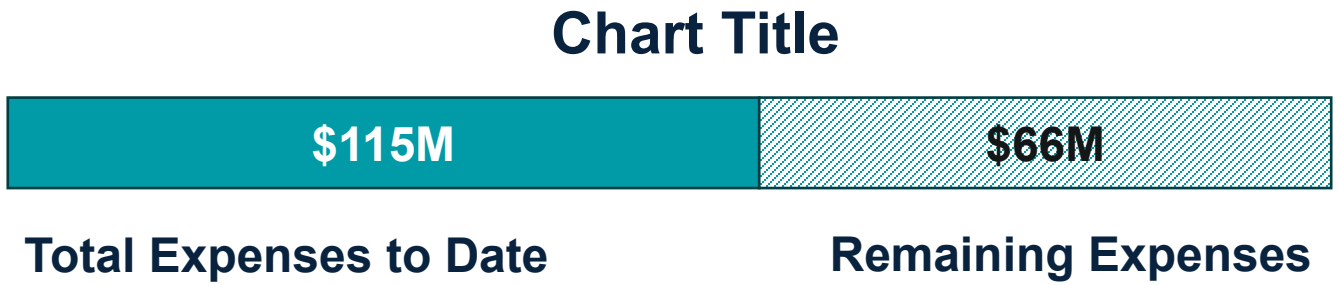
Operational Updates

COOK COUNTY HEALTH

Strategic Plan & ARPA Update

COOK COUNTY HEALTH

ARPA Progress to Date



Notes:

- Personnel costs are completely in the Health Fund in FY2026; in FY2025 personnel costs were reimbursed by the County Corporate Fund
- Focus is on accelerating expenditures before the end of ARPA at the end of CY2026
- The Office of Behavioral Health completed spending acceleration plans with 35 sub-recipients
- Improved turnaround of payments achieved; focus now on maintaining

*Expenditure as of 2/17/26

Stroger Update

COOK COUNTY HEALTH

Quality, Safety and Experience

Ensuring patients have access to the highest quality service and dignified care to support the patients' needs. Stroger operations are being aligned to support the 2026 quality goals related to patient experience, clinical outcomes, readmissions and throughput.

Upcoming priorities:

- Improve Inpatient HCAHPS Likelihood to Recommend the hospital from 75.49 top box to 77.57%.
- Improve CMS Star Rating by increasing overall scoring from 41.77% to 52.58%.
- Improve Emergency Department Patient Experience Likelihood to Recommend from 62.31% top box to 64.02%.
- Improve Surgical OAS CAHPS Recommend the facility from 78.56 top box to 80.72 by the end of 2026.
- Increase Stroger Patient Safety Events reported by 10% year over year by the end of 2026.

Board Update:

- From Sept. 2025 through Jan 2026, Likelihood to Recommend has increased month-over-month.
- Nursing trends reflect focus on communication, anticipating patient needs, and making meaningful connections with patients and families.
- Nurse leader rounding focusing on always behaviors, compassionate care model and rounding with a purpose. Also, a continued focus on quality, safety and experience is being engrained in our culture.
- Staff education and continued survey readiness.

Workforce

Serve as the employer of choice by supporting and investing in our workforce, recruiting the best talent, and fostering robust teamwork to ensure we are able to meet the needs of our patients.

Stroger ended FY25 with a 10% vacancy rate and staff turnover rate of 7.94%.

Upcoming priorities:

- Reduce vacancies in Clinical areas, Nursing, Ancillary and Support Service areas
- Reduce reliance on agency personnel
- Reduce recruitment timelines and address onboarding delays
- Continue to increase Stroger overall employee engagement score; mean score 3.80 (2024)

Board update:

- Successful job fairs this month to hire and fill open nursing positions.
- Reduction in agency Nursing, Clinical and Operational Support areas.
- National Match Day – March 20th, 2026
- Workforce optimization is being prioritized before requesting net new positions.
- Department specific work on employee engagement and reviewing action plans.

Transformation & Growth

Transform the delivery of care to ensure care is accessible, standardized, reliable and effective by optimizing systems to advance growth for our patients.

Upcoming priorities:

- Optimization in Surgical Services to improve turnaround time and achieve volume targets.
- Leverage technologies and new equipment to support efficiency.
- Decreasing patient wait times and focusing on throughput optimization.

Board update:

- Surgery optimization work related to operating room utilization rate, OR first case on time starts, and OR turnaround time.
- Tele Sitter program has monitored over 80 patients across the Med-Surg Division with more than 9,572 total observation hours.
- Lab will have a major upgrade to the Core Laboratory automation system. This includes replacing aging equipment, complete required infrastructure upgrades and position the laboratory to safely support current and future testing volumes.
- Emergency Department focus on the ED door-to-discharge metric which includes several key initiatives that have strengthened our throughput and overall operations.
- Continued focus on the Radiology Capital Replacement plan.

Fiscal Resilience

Optimize revenue capture to continue expansion of services and advance the mission of access to care for all patients. Also, improved coordination between operations, finance, and revenue cycle to better align documentation, and reimbursement.

Upcoming priorities:

- Fiscal discipline remains essential to sustaining mission-driven access and growth.
- Exceed budgeted Stroger volume expectations in Patient Days, Observation Days, Emergency Department, Surgical volume and Deliveries.
- Advance revenue cycle documentation initiatives to improve reimbursement accuracy and timeliness.

Board update:

- Stroger ended December 2025 with a $5.5 M favorable variance to budget and a favorable expense variance of $8.3M.
- Surgical volume 7.4% above budget through Dec. 2025.
- Patient Days, ED volume and Deliveries slightly lower than budget through Dec. 2025.
- Updates to the charge master with the new CPT Codes to assist with revenue enhancement and accurate charge capture.
- Leveraging revenue cycle tools that integrate patient clinical data directly with billing processes.

Board Committee Reports & Metrics

COOK COUNTY HEALTH

Finance

COOK COUNTY HEALTH

Executive Summary: Statement of Financial Condition - December 31, 2025

COOK COUNTY HEALTH

- On an accrual basis, interim financials show that CCH ended December on target to budget. County's preliminary cash report on revenues and expenses, which is cash-based accounting, shows that CCH is **favorable** to budget by **$3.8M**.
  - Revenue Commentary:
    - NPSR 1% **favorable** to budget
    - **Favorable** capitation variance to Budget due to higher than budgeted CountyCare membership
  - Expenditures:
    - CountyCare claims **unfavorable** variance to budget due to higher than budgeted membership
  - CountyCare:
    - CountyCare financials $15M **unfavorable** to budget
    - Medical Loss Ratio 2.2% higher than expected
    - Membership is 395,145 which is 4.7% greater than budgeted

Financial Results – December 31, 2025

COOK COUNTY HEALTH

Dollars in 000s	FY2026 Actual	FY2026 Budget	Variance	%	FY2025 Actual
Revenue					
Net Patient Service Revenue (1)	$86,285	$87,693	($1,408)	-1.61%	$52,217
Government Support (2)	$36,203	$33,296	$2,907	8.73%	$33,973
Adjusted NPSR	**$122,487**	**$120,989**	**$1,499**	**1.24%**	**$86,190**
CountyCare Capitation Revenue	$302,546	$290,898	$11,647	4.00%	$290,551
Other	$5,066	$4,470	$596	13.32%	$4,992
Total Revenue	**$430,099**	**$416,357**	**$13,742**	**3.30%**	**$381,733**
Operating Expenses					
Salaries & Benefits	$75,453	$78,712	$3,259	4.14%	$65,159
Overtime	$5,667	$4,632	($1,035)	-22.34%	$4,859
Supplies & Pharmaceuticals	$17,722	$17,934	$213	1.19%	$27,787
Purchased Services & Other	$45,620	$50,718	$5,097	10.05%	$48,485
Medical Claims Expense (1)	$293,516	$269,520	($23,996)	-8.90%	$270,770
Insurance	$2,512	$3,023	$511	16.91%	$2,793
Utilities	$780	$1,363	$583	42.75%	($20)
Total Operating Expenses	**$441,271**	**$425,903**	**($15,368)**	**-3.61%**	**$419,832**
Operating Margin	**($11,172)**	**($9,546)**	**($1,626)**	**17.04%**	**($38,099)**
Non-Operating Revenue	**$14,670**	**$13,975**	**$694**	**4.97%**	**$24,266**
Net Income (Loss)	**$3,498**	**$4,430**	**($932)**	**-21.04%**	**($13,832)**

Notes:

(1) CountyCare Elimination represents the elimination of intercompany activity – Patient Service Revenue and Medical Claims Expense for CountyCare patients receiving care at Cook County Health.

(2) Government Support includes DSH, BIPA, & Graduate Medical Education payments.

(3) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.

Financial Results HCS & HPS–December 31, 2025

Dollars in 000s	HCS	HPS	Eliminations	Total
Revenue				
Net Patient Service Revenue (1)	$96,023	-	($9,738)	$86,285
Government Support (2)	$36,203	-	-	$36,203
Adjusted NPSR	**$132,225**	**-**	**($9,738)**	**$122,487**
CountyCare Capitation Revenue	-	$302,546	-	$302,546
Other	$5,066	-	-	$5,066
Total Revenue	**$137,291**	**$302,546**	**($9,738)**	**$430,099**
Operating Expenses				
Salaries & Benefits	$70,906	$4,547	-	$75,453
Overtime	$5,504	$163	-	$5,667
Supplies & Pharmaceuticals	$17,722	-	-	$17,722
Purchased Services & Other	$35,040	$10,580	-	$45,620
Medical Claims Expense (1)	$180	$303,074	($9,738)	$293,516
Insurance	$2,512	-	-	$2,512
Utilities	$780	-	-	$780
Total Operating Expenses	**$132,644**	**$318,365**	**($9,738)**	**$441,271**
Operating Margin	**$4,647**	**($15,819)**	**-**	**($11,172)**
Non-Operating Revenue	**$14,670**	**-**	**-**	**$14,670**
Net Income (Loss)	**$19,317**	**($15,819)**	**-**	**$3,498**

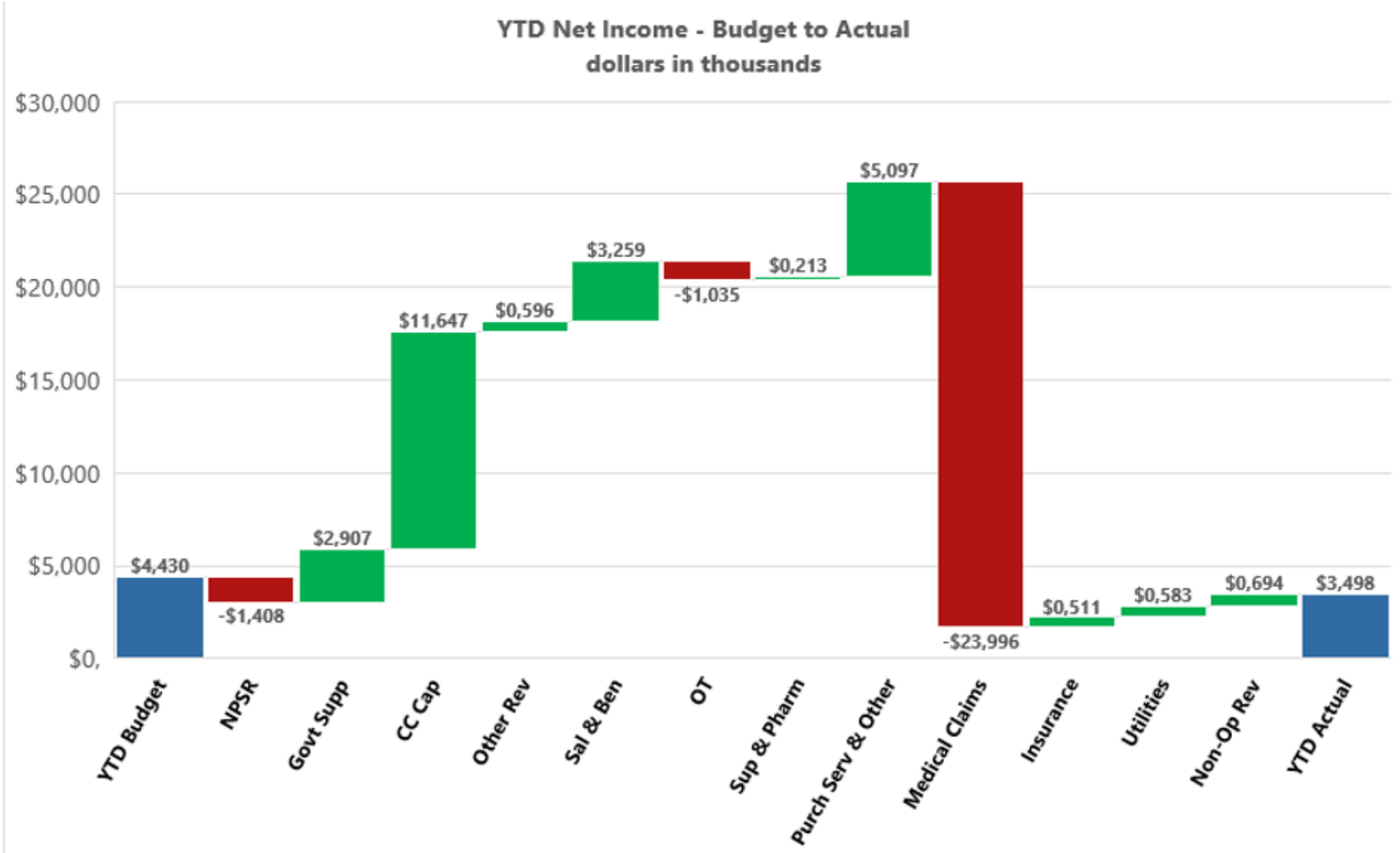
Notes:

(1) CountyCare Elimination represents the elimination of intercompany activity – Patient Service Revenue and Medical Claims Expense for CountyCare patients receiving care at Cook County Health.

(2) Government Support includes DSH, BIPA, & Graduate Medical Education payments.

(3) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.

YTD Net Income Waterfall Report



Key Volume and Revenue Indicators

Patient Activity Stroger	2026 YTD Actual	2026 YTD Budget	%	2025 YTD Actual	2024 YTD Actual		Dec 2025 Actual	Dec 2024 Actual
IP Admissions	1,312	1,424	-7.9%	1,372	1,248		1,312	1,372
Obs Stays	731	770	-5.1%	724	600		731	724
Average Daily Census	286	306	-6.4%	317	314		286	317
Emergency Room Visits	7,308	7,599	-3.8%	7,669	7,893		7,308	7,669
Surgeries	965	898	7.4%	865	886		965	865

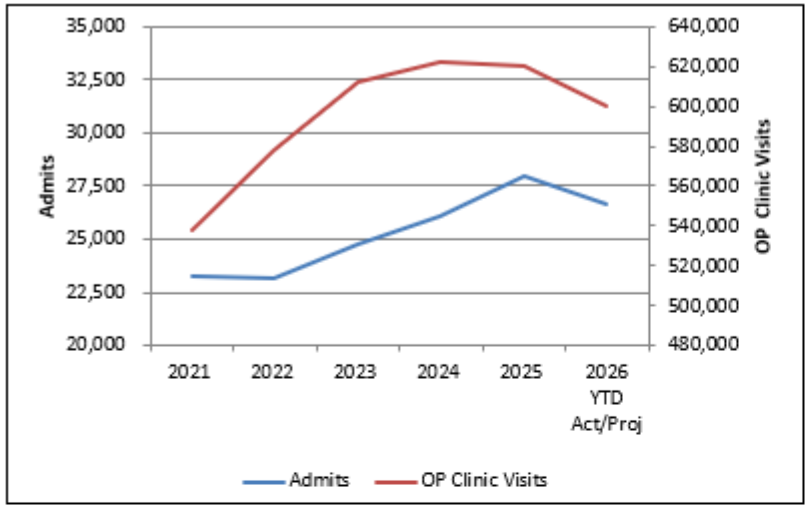
Patient Activity Provident	2026 YTD Actual	2026 YTD Budget	%	2025 YTD Actual	2024 YTD Actual		Dec 2025 Actual	Dec 2024 Actual
IP Admissions	70	69	1.4%	67	63		70	67
Obs Stays	107	132	-18.9%	128	146		107	128
Average Daily Census	15	19	-23.0%	18	21		15	18
Emergency Room Visits	2,000	2,199	-9.1%	2,179	2,149		2,000	2,179
Surgeries	248	487	-49.1%	187	220		248	187

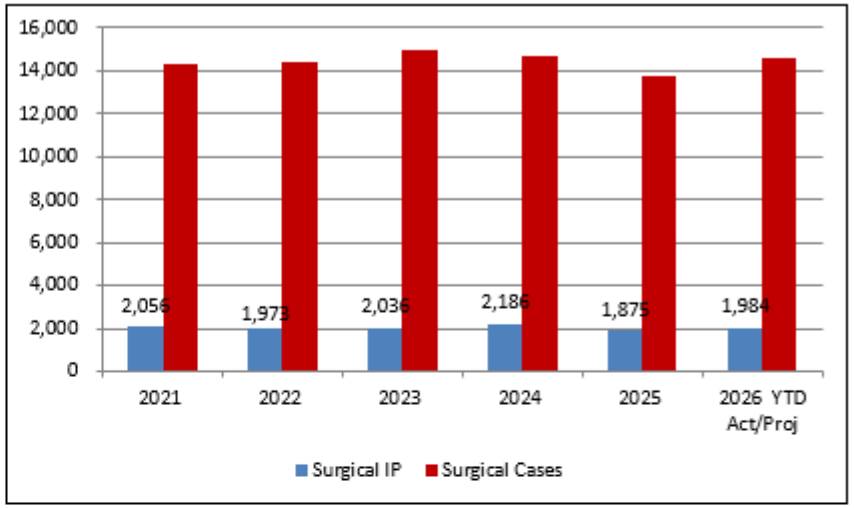
Patient Activity ACHN	2026 YTD Actual	2026 YTD Budget	%	2025 YTD Actual	2024 YTD Actual		Dec 2025 Actual	Dec 2024 Actual
Primary Care Visits	17,722	21,003	-15.6%	17,869	18,510		17,722	17,869
Specialty Care Visits	32,331	37,154	-13.0%	31,005	29,627		32,331	31,005

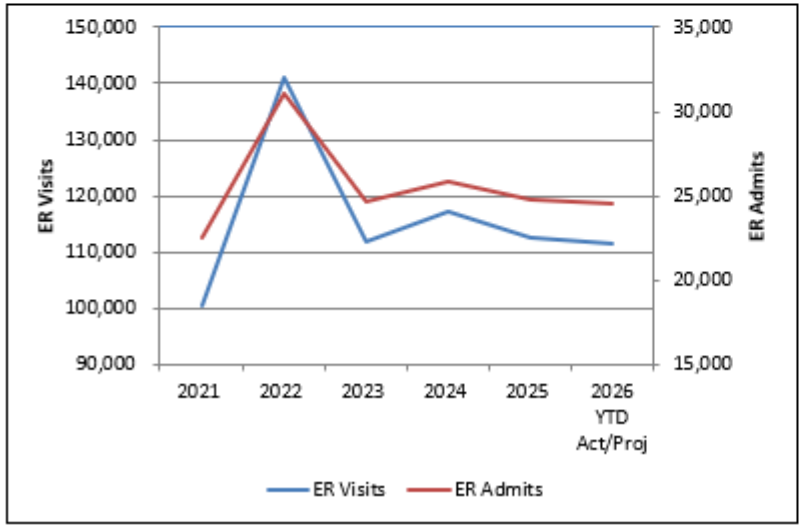
CountyCare Membership	2026 YTD Actual	2026 YTD Budget	%	2025 YTD Actual	2024 YTD Actual		Dec 2025 Actual	Dec 2024 Actual
Membership Count	395,205	377,454	4.7%	419,237	426,925		395,205	419,237

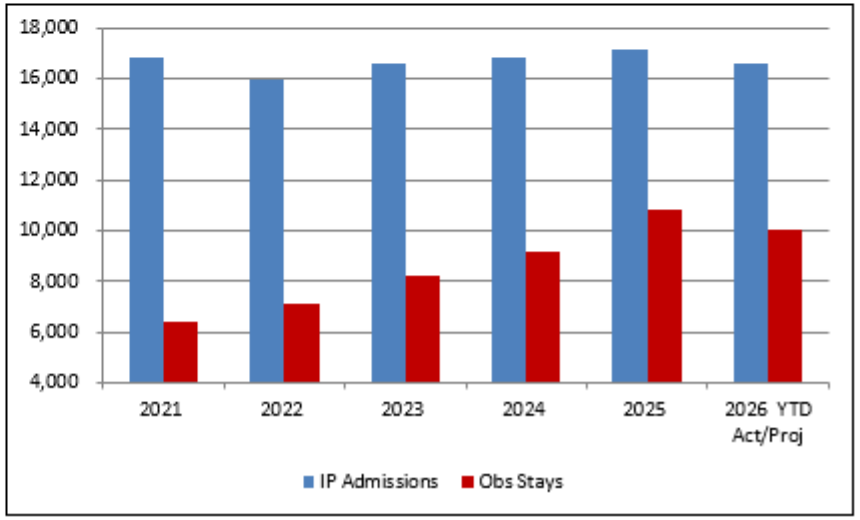
* Includes IP + Observations

Operating Trends

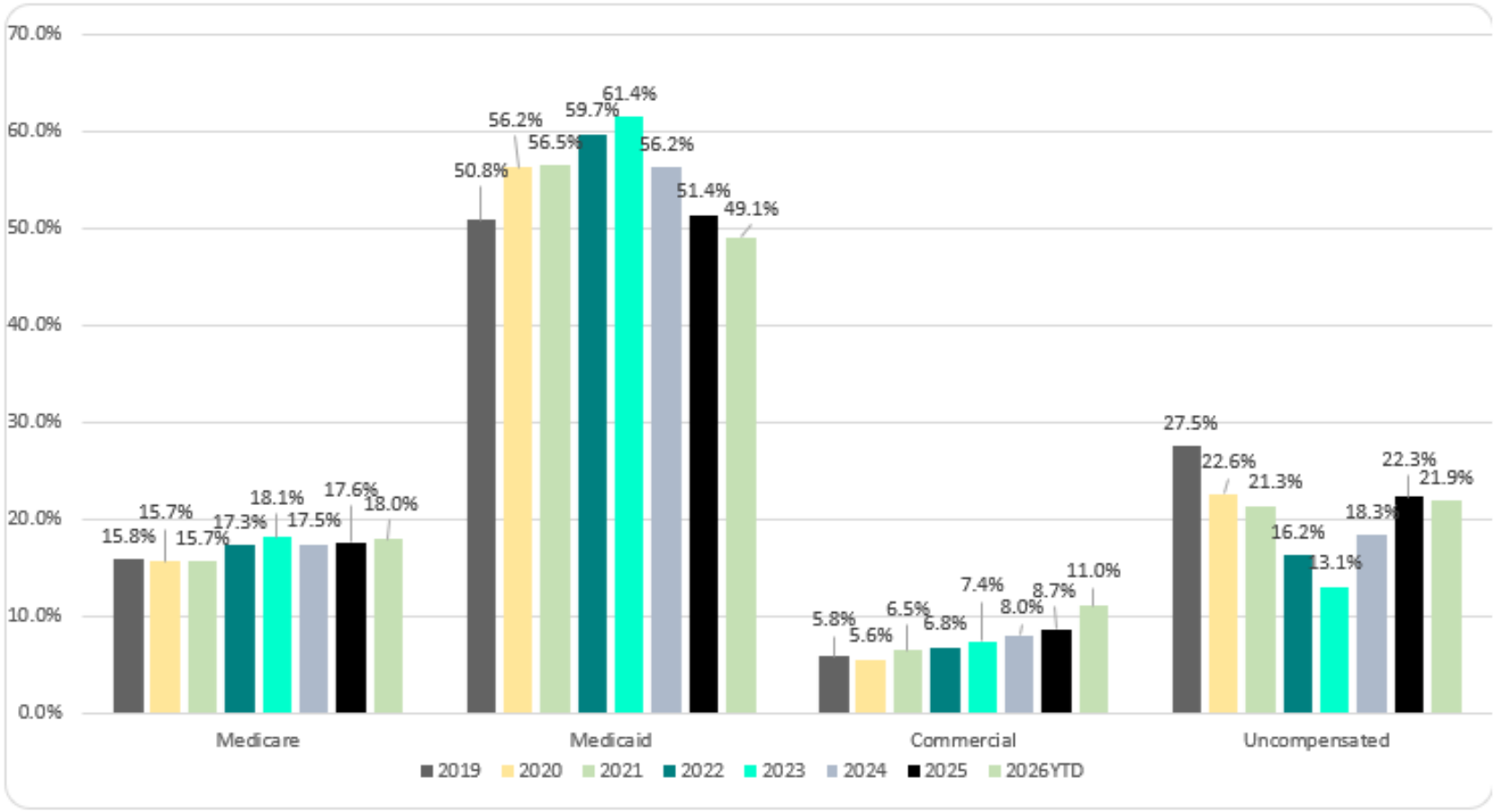








Payer Mix

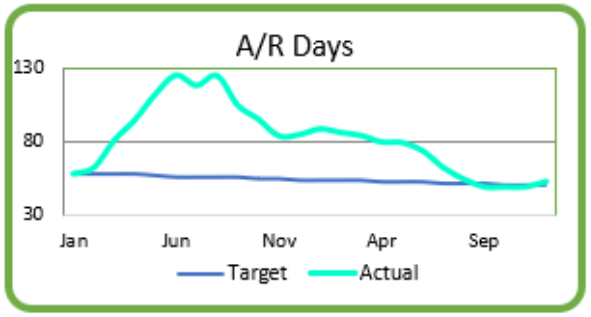


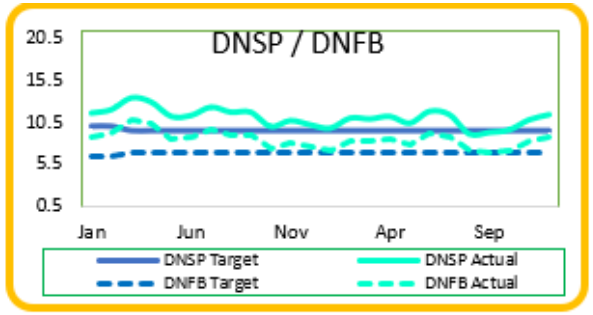
Commentary:

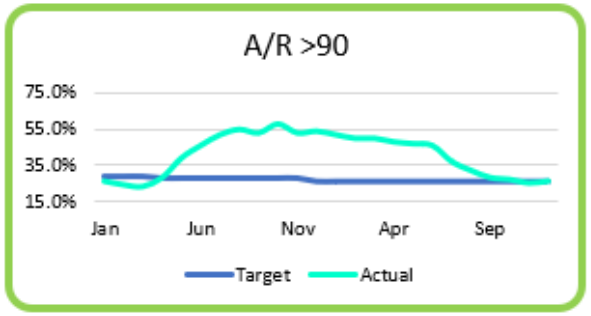
- Prior Month Change:
  - Medicare: +0.4%
  - Medicaid: -2.3%
  - Commercial: +2.3%
  - Uncompensated: -0.4%

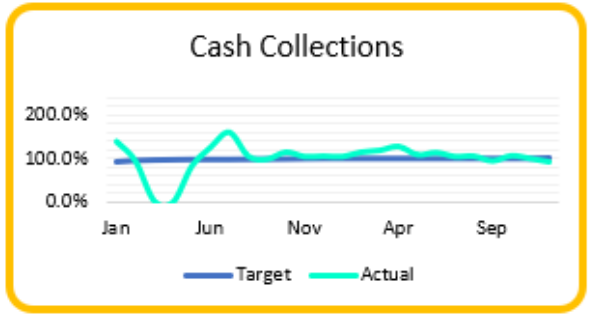
*NOTE: FY26 (Only 1 month Dec)

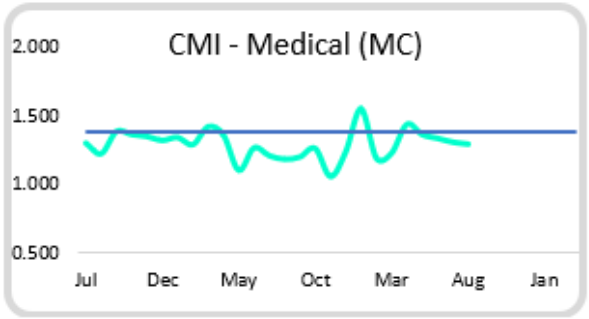
Revenue Cycle KPI

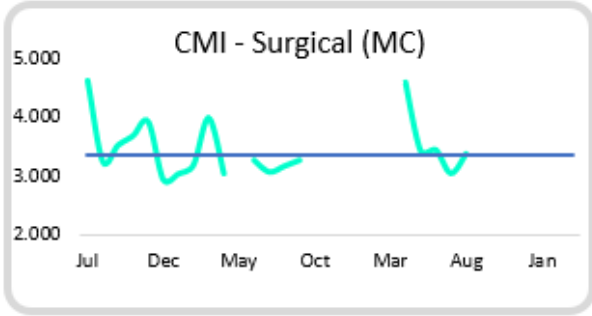












Commentary:

Our cash collections and DNFB/DNSP metrics are slightly off target for December. The cash collections performance dropped below the target due to the increase in payer claim processing times and a system processing issue with HFS. We expect the claims processing delays and system issue to be resolved by February. The DNFB/DNSP performance drop is a seasonality event due to the holidays and drop in production. We expect the performance to improve and align with our targets by February.

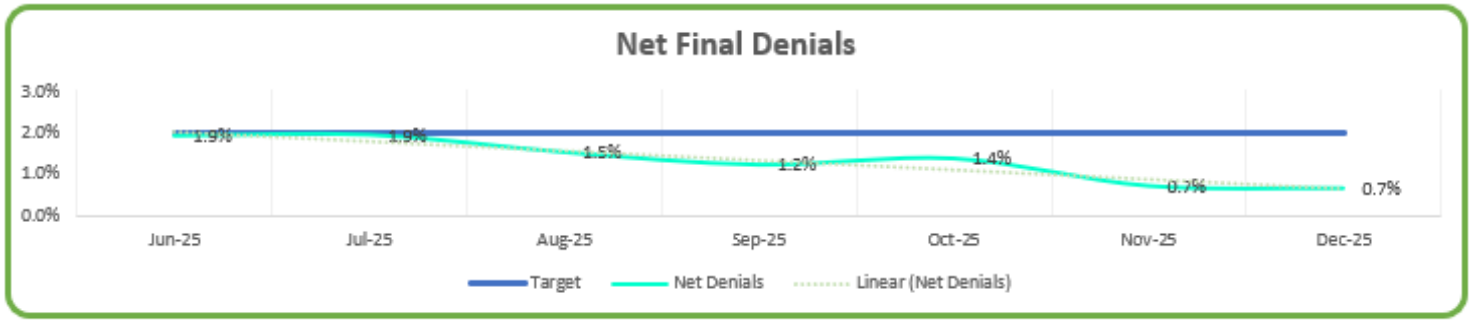
Definitions:

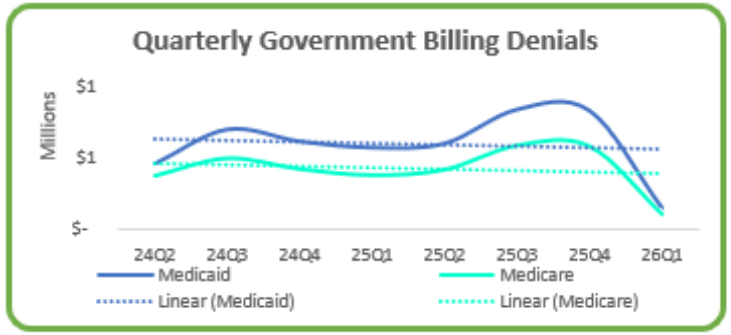
DNSP: Discharged Not Submitted to Payer - Gross dollars from initial 837 claims held by edits in claims processing tool that have not been sent to payer.

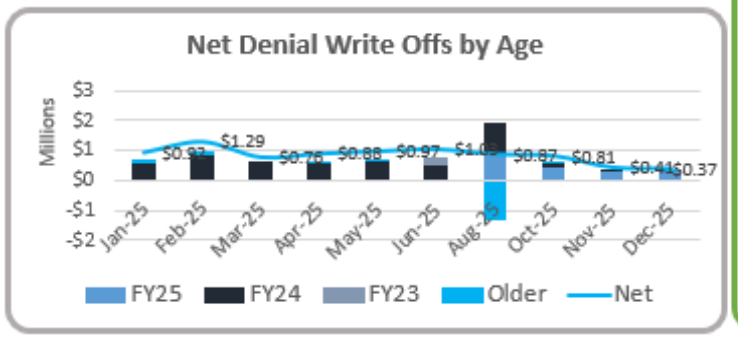
DNFB: Discharged Not Final Billed - Gross dollars in A/R for all patient accounts (inpatient and outpatient accounts) discharged but not yet final billed for the reporting month. Refers to accounts in suspense (within bill hold days) and pending final billed status in the patient accounting system.

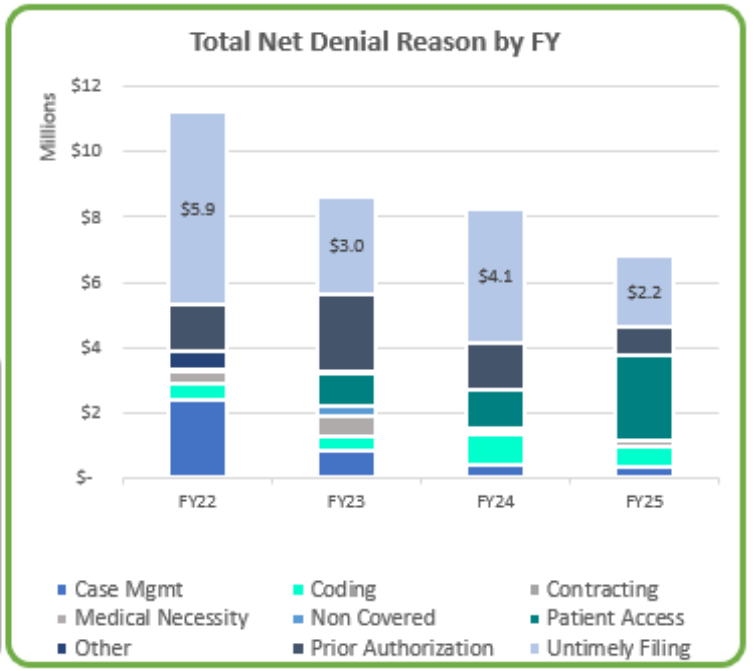
CMI: Case Mix Index - Represents the average diagnosis-related group (DRG) relative weight for that hospital. It is calculated by summing the DRG weights for all Medicare discharges and dividing by the number of discharges.

Denials


Net Final Denials
3.0%
2.0%
1.0%
0.0%
1.9%
1.9%
1.5%
1.2%
1.4%
0.7%
0.7%
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25
Target
Net Denials
Linear (Net Denials)


Quarterly Government Billing Denials
Millions
$1
$1
$-
24Q2
24Q3
24Q4
25Q1
25Q2
25Q3
25Q4
26Q1
Medicaid
Medicare
Linear (Medicaid)
Linear (Medicare)


Net Denial Write Offs by Age
Millions
$3
$2
$1
$0
-$1
-$2
$1.29
$0.76
$0.88
$0.97
$0.87
$0.81
$0.41
$0.37
Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Aug-25
Oct-25
Nov-25
Dec-25
FY25
FY24
FY23
Older
Net


Total Net Denial Reason by FY
Millions
$12
$10
$8
$6
$4
$2
$-
$5.9
$3.0
$4.1
$2.2
FY22
FY23
FY24
FY25
Case Mgmt
Coding
Contracting
Medical Necessity
Non Covered
Patient Access
Other
Prior Authorization
Untimely Filing

Charitable & Public Program Expenditures

Charitable Benefits and Community Programs	2024 Actual	2025 Actual	2026 Budget	2026 Projected
Traditional Charity Care	$ 201,962	$ 309,514	$ 360,579	$ 360,579
Other Uncompensated Care	80,164	120,885	133,220	133,220
Cermak & JTDC Health Services	116,223	110,679	133,173	134,689
Department of Public Health	22,113	23,564	31,273	26,756
Other Public Programs & Community Services	71,600	52,870	32,500	32,500
Totals	$ 492,062	$ 617,512	$ 690,745	$ 687,744
% of Revenues *	30.5%	40.6%	43.0%	41.7%
% of Costs *	28.5%	38.7%	40.1%	43.2%

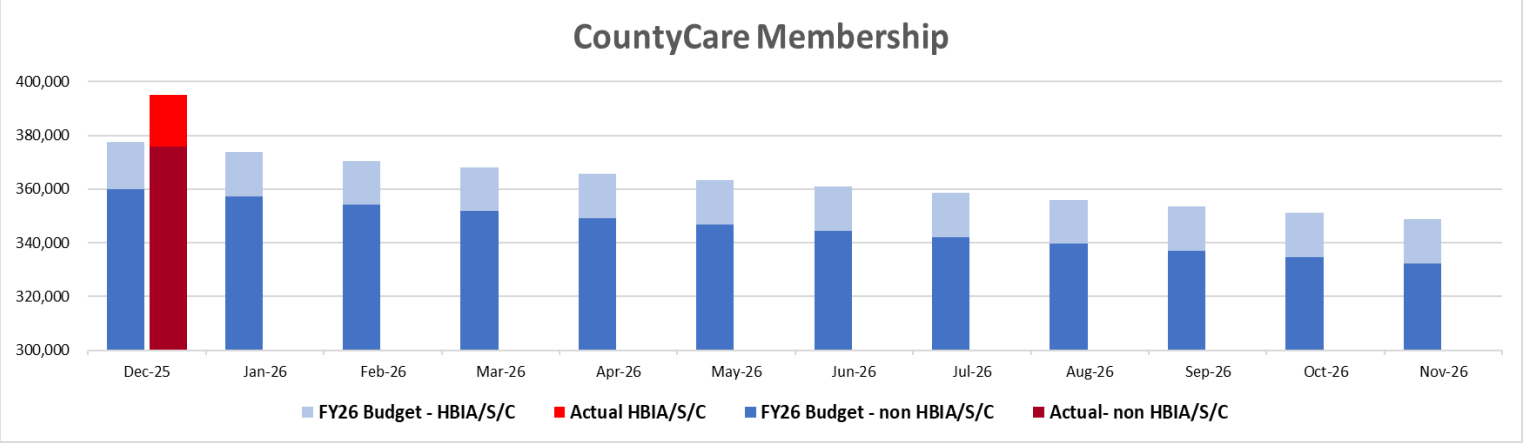
* Excludes County Care Health Plan Services

Savings Initiatives

Current Activities in Progress	Budgeted FY26 Impact	YTD Achieved	Status
Revenue Cycle:			
CDM Annual Pricing Review	4,085,359	323,424	
Revenue Recovery	3,400,000	334,682	
Point of Service Collections	600,000	154,845	
County Care:			
Fiscal Resilience Project	100,000,000	3,000,000	
Health System:			
Vendor Contract Negotiations	40,000,000	-	
	$148,085,359	$ 3,812,951	3%
		Goal	8%

CountyCare

Dollars in 000s except PMPM amounts	FY2026 Actual	FY2026 Budget	Variance	%	Fy25 Actual
Capitation Revenue	$303,746	$299,409	$4,337	1.45%	$292,251
Operating Expenses					
Clinical - CCH	$9,738	$8,829	($909)	(10.29%)	$9,370
Clinical - External	$293,336	$280,675	($12,661)	(4.51%)	$269,173
Administrative	$15,277	$14,099	($1,178)	(8.36%)	$15,328
Total Expenses	$318,351	$303,604	($14,748)	(4.86%)	$293,871
Operating Gain (Loss)	($14,606)	($4,195)	($10,411)		-$1,621
Activity Levels					
Member Months	395,145	377,454	17,691	4.69%	419,273
Monthly Membership	395,145	377,454	17,691	4.69%	419,273
CCH CountyCare Member Months	27,893	N/A	N/A	N/A	31,738
CCH % CountyCare Member Months	7.06%	N/A	N/A	N/A	7.57%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	$768.69	$793.23	($24.54)	(3.09%)	$697.04
Clinical Cost PMPM	$766.99	$766.99	($0)	0.00%	$664.35
Medical Loss Ratio (1)	98.9%	96.7%	(2.2%)	(2.3%)	94.6%
Administrative Cost Ratio	5.0%	4.7%	(0.28%)	(5.8%)	5.2%
Total FTEs	394	429	35		383



Commentary

- Total YTD member months are exceeding budget by 17,691 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- CountyCare's reimbursement to CCH for domestic spend is exceeding budget.
- Most expenses are estimates, as minimal claims have been received thus far.
- Operating Loss of $14M
- Operating loss is driven by increased utilization of services, particularly in the ACA and Immigrant populations beginning in 2nd Half 2025

Notes:

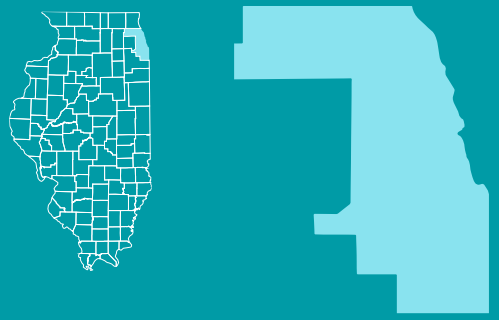
(1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

Human Resources

COOK COUNTY HEALTH

About Cook County

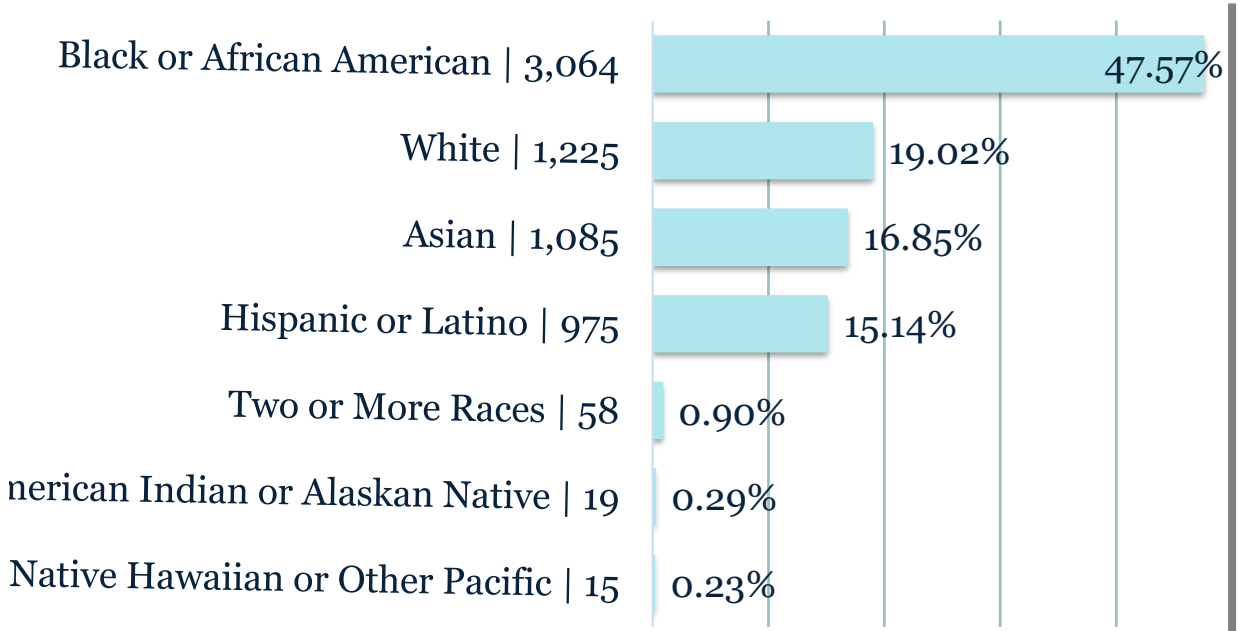
- Includes Chicago and suburbs
- 2nd most populous county in US
- 5.1M residents
- 945 sq miles



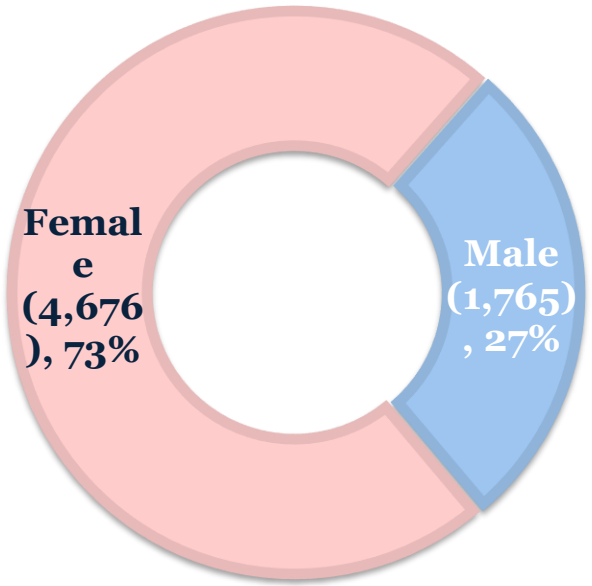
Demographics
All CCH Employees

- All CCH Employees 6,441
- Workforce demographics show a strong clinical-to-non-clinical staffing ratio

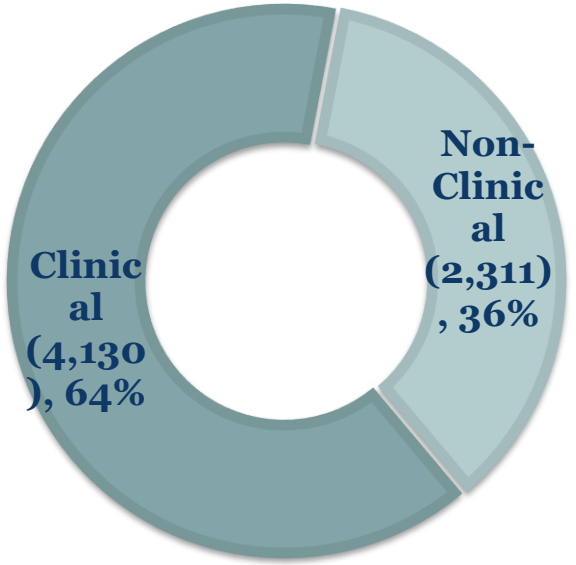
Race & Ethnicity



Gender



Clinical vs. Non-Clinical



FY25 Key Hiring Metrics

COOK COUNTY HEALTH

Nov 2025

12/01/2024 - 11/30/2025

2,020 FY25 Offers Made

1,421 FY25 Accepted Offers

1,332 FY25 Total Filled Positions

FY24 1,136

944 FY25 External New Hires

FY24 787

(Point in Time Variations)

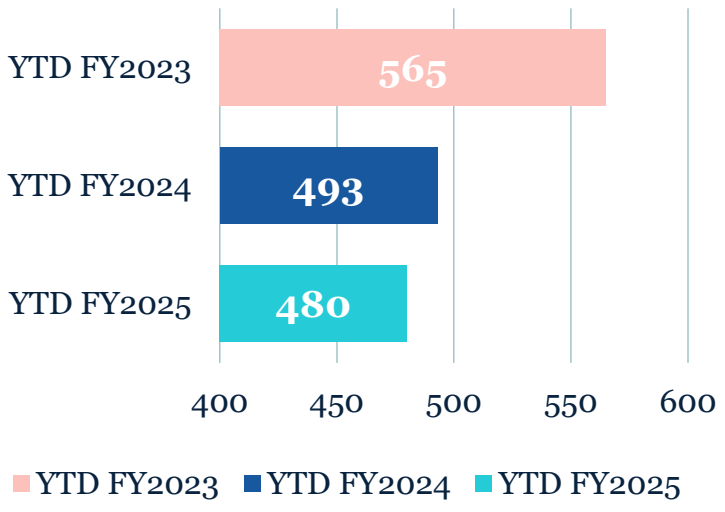
480 FY25 Separations

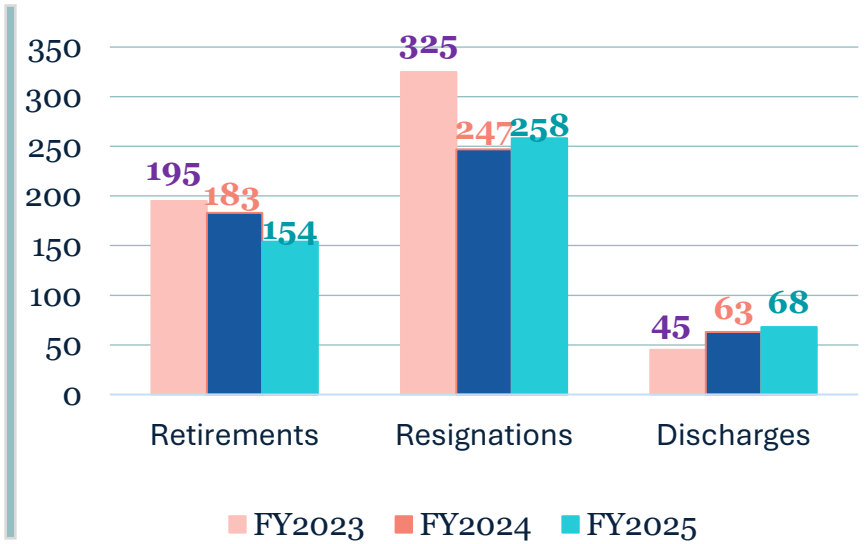
FY24 493

464 FY25 Net Hires

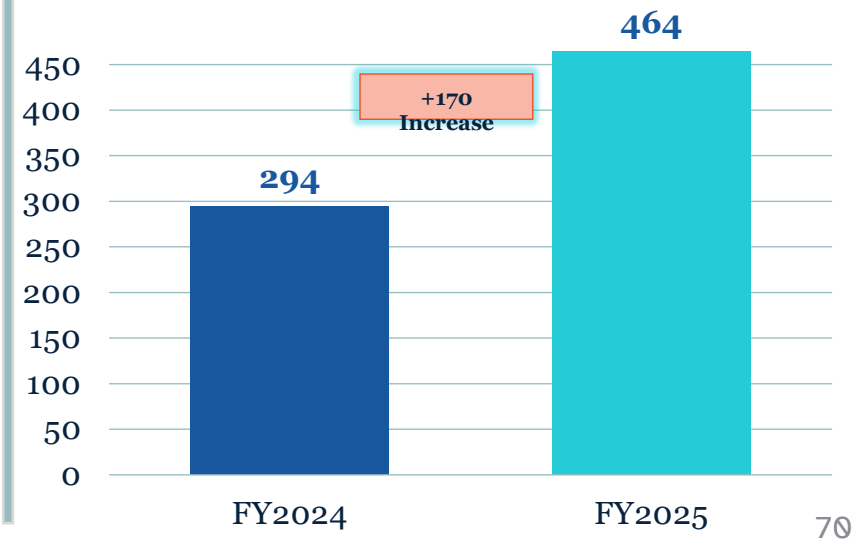
FY24 294

YTD Separations





YTD Net New Hires Activity

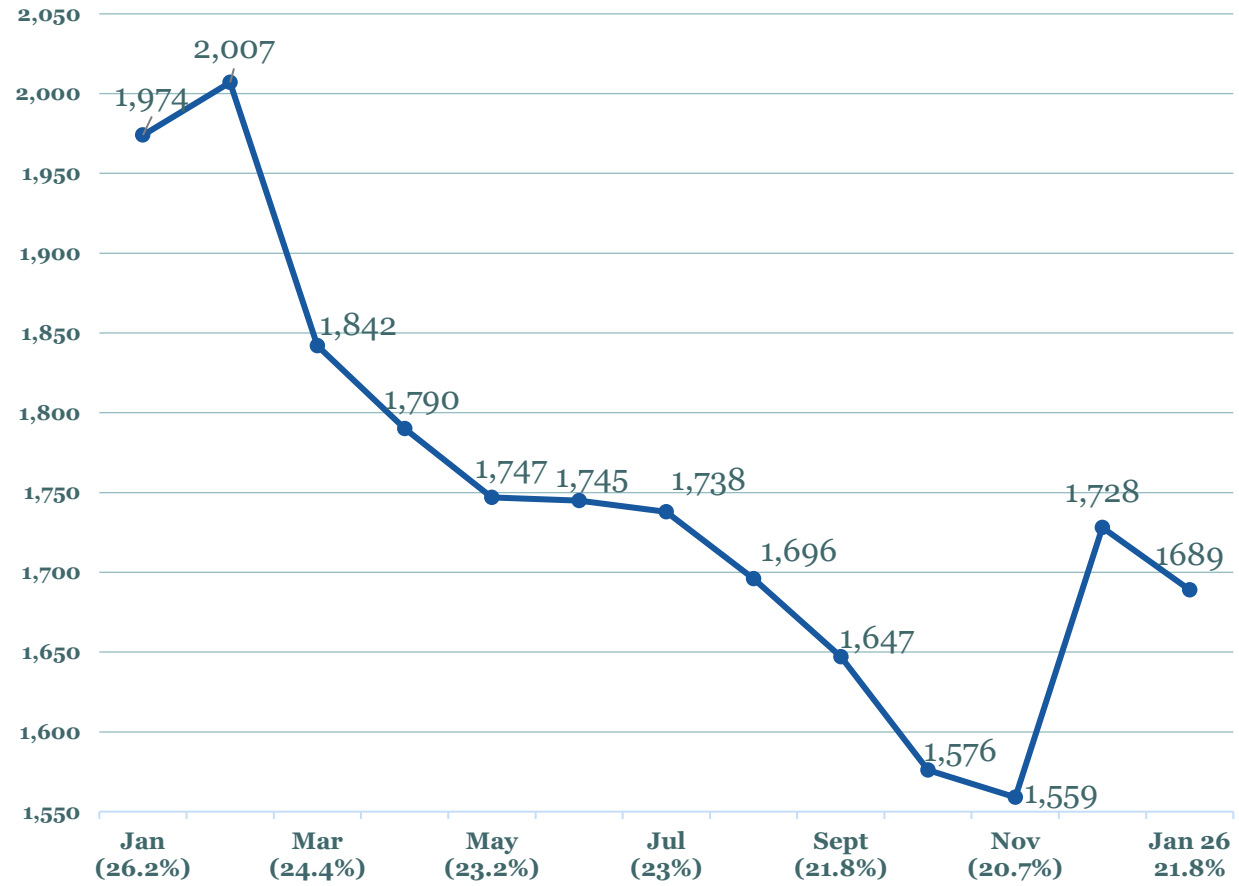


FY25 HR Activity Report

COOK COUNTY HEALTH

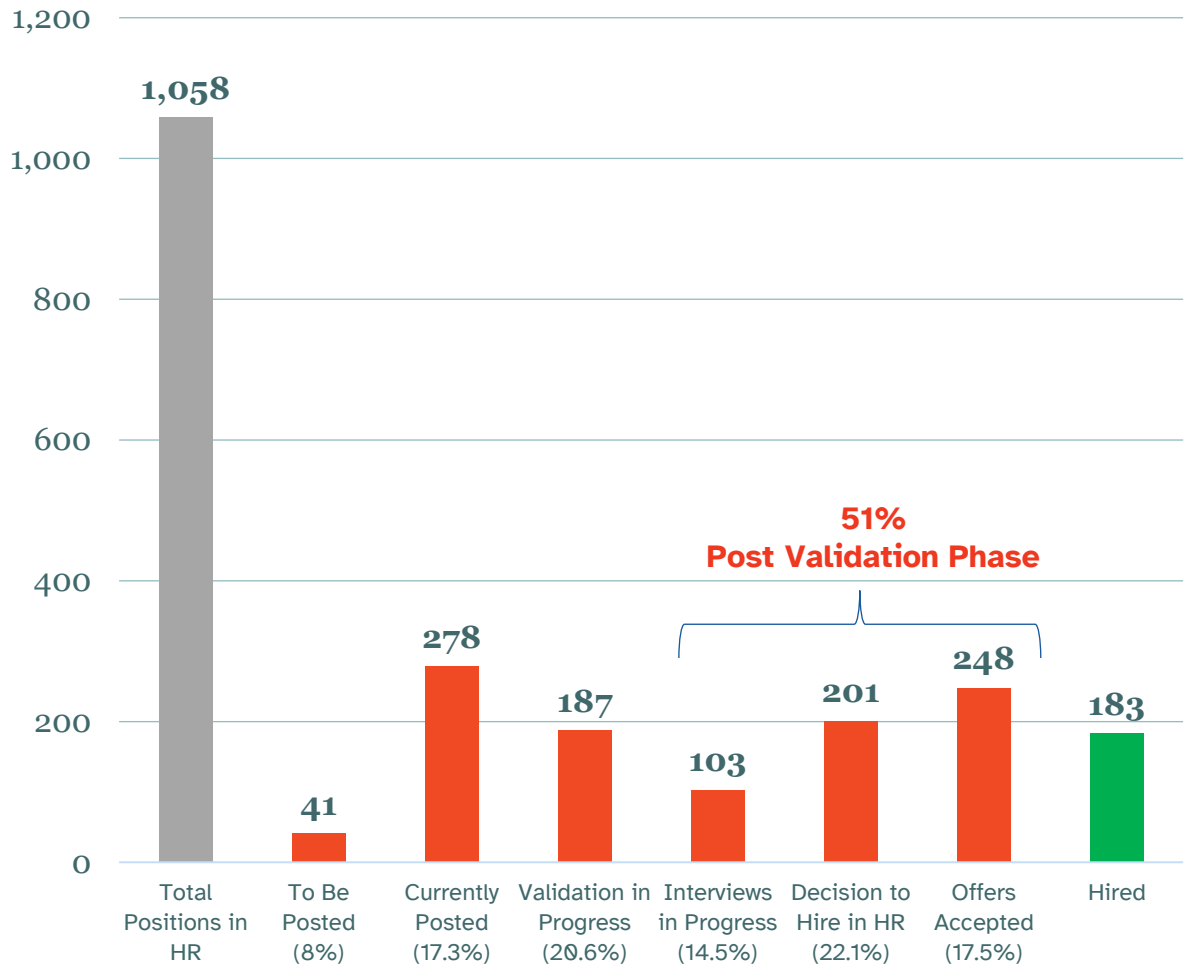
As of 1/31/2026

Vacant Positions



Vacancy Source: Budget

Positions in Process



Current State Of Hiring & Separation

COOK COUNTY HEALTH

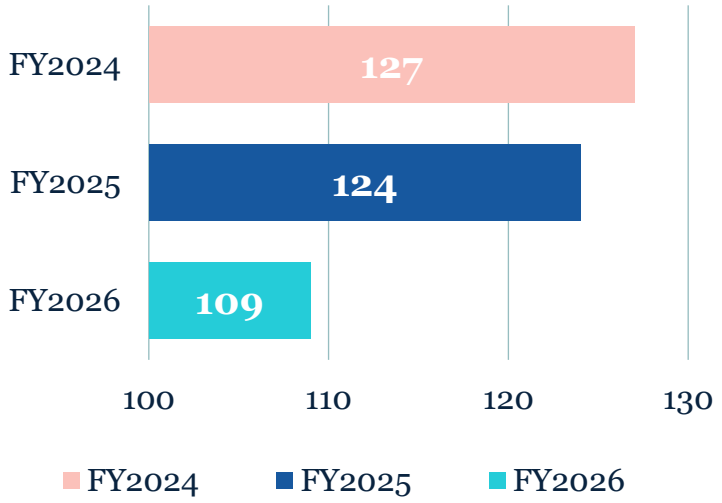
Jan 2026

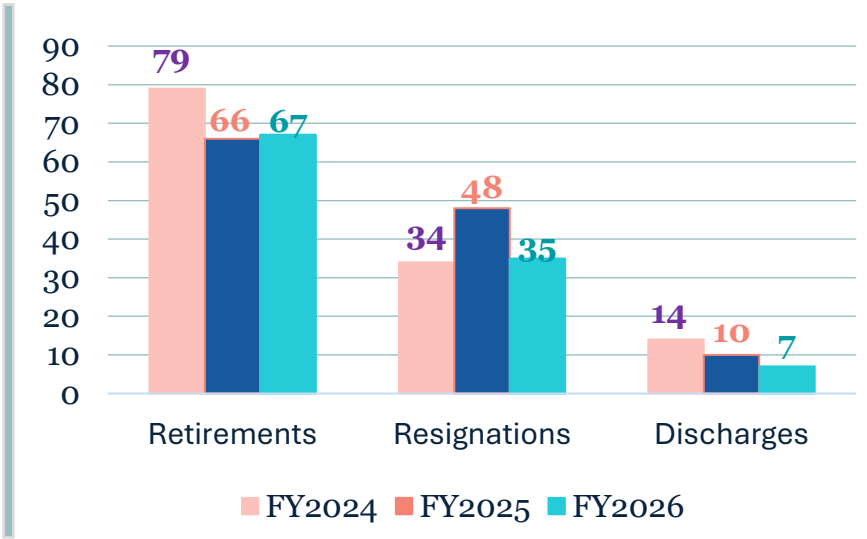
FY26 12/01/2025 - 01/28/2026

FY26 Offers Made	FY26 Accepted Offers	FY26 Total Filled Positions	FY26 External New Hires	FY26 Separations	FY26 Net Hires
332	242	183	153	109	+44
FY25 452	FY25 323	FY25 129	FY25 86	FY25 124	FY25 -38

(Point in Time Variations)

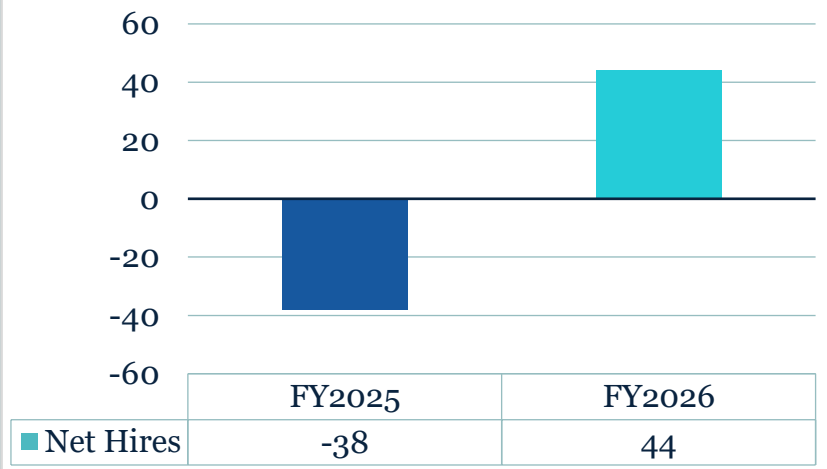
YTD Separations





(Point in Time Variations)

YTD Net New Hires Activity



	FY2025	FY2026
Net Hires	-38	44

FY25 CCH Turnover

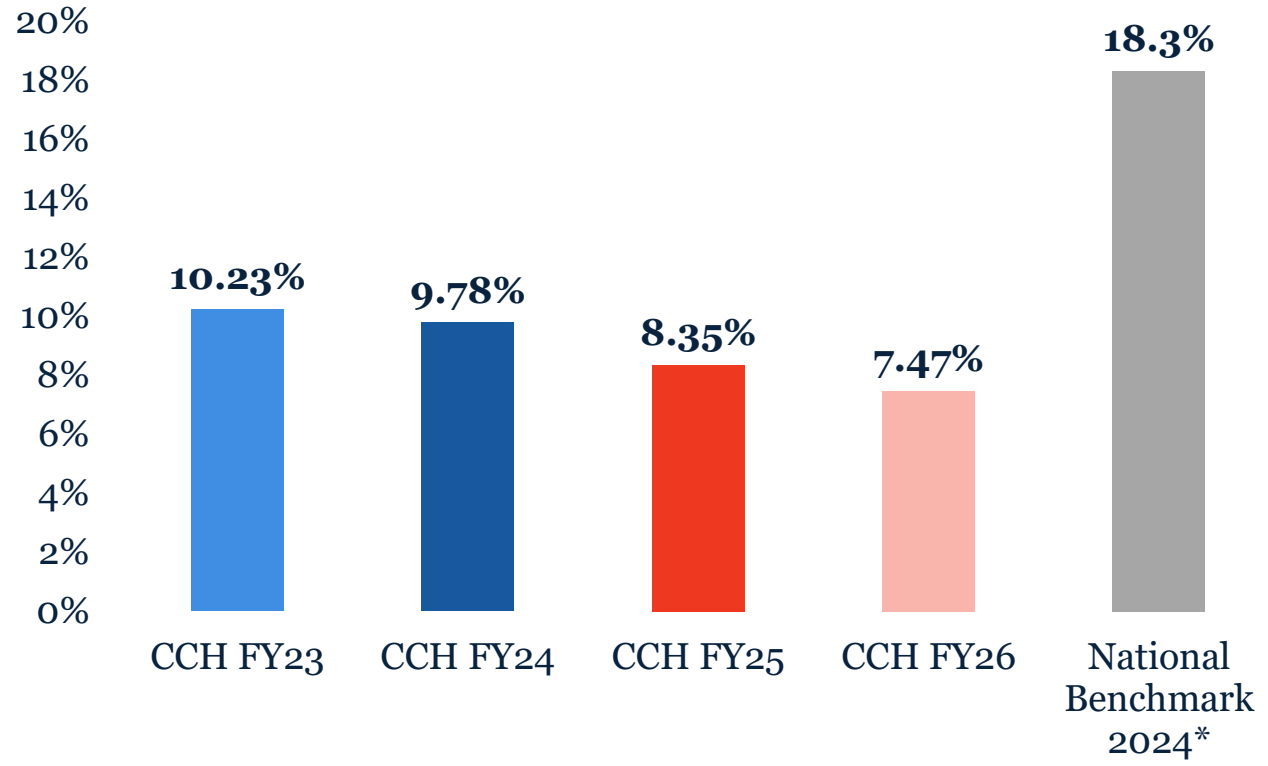
COOK COUNTY HEALTH

Jan 2026

CCH turnover rates remain **below national hospital averages** 18.3%.

CCH Annualized Turnover Rate

- **FY 2026 Turnover Rate: 7.47%**
  - Active Employees: 6,209
  - Separations: 464
- **FY 2025 Turnover Rate: 8.35%**
  - Active Employees: 5,880
  - YTD Separations: 491



COOK COUNTY HEALTH

Source: 2025 NSI Retention & Staffing Report

FY26 RN Hiring Metrics

COOK COUNTY HEALTH

Jan 26, 2026

Direct Care RN Nursing Hiring Velocity & Attrition

156 FY26 Extended Offers — FY25 43

101 FY26 Accepted Offers — FY25 34

36 FY26 External Direct Care New Hires — FY25 28

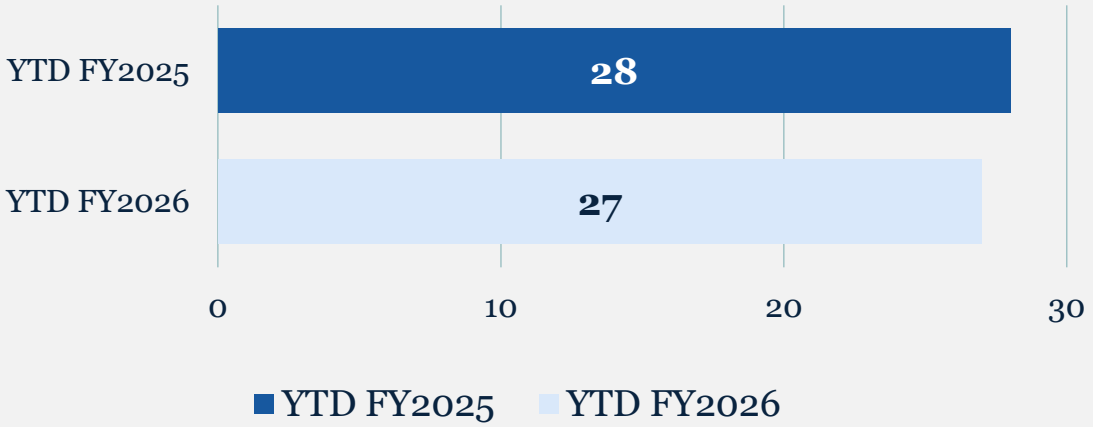
27 FY26 Separations — FY25 28

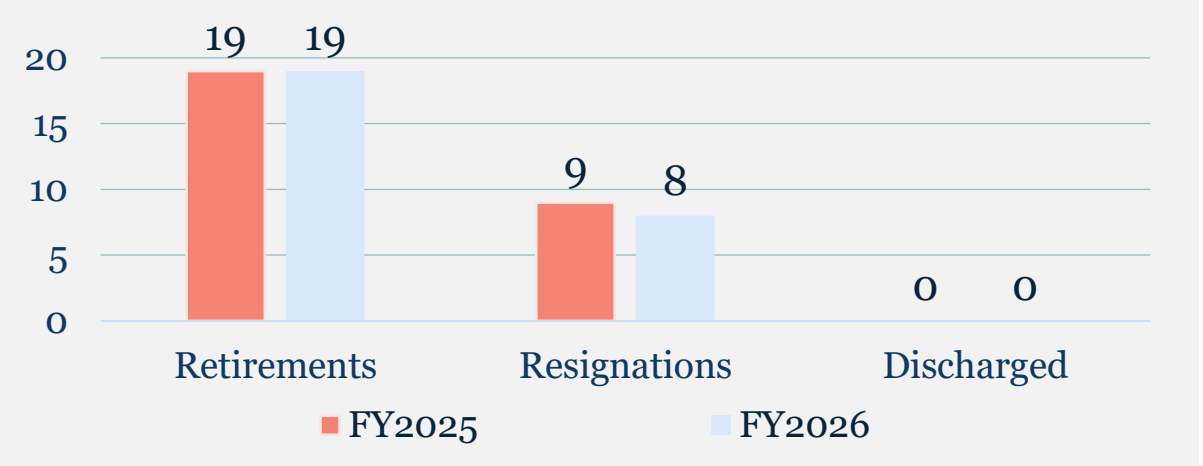
+9 FY26 Net Hires — FY25 0

82 FY26 Time to Fill

(Point in Time Variations)

Direct Care RN Separations – January

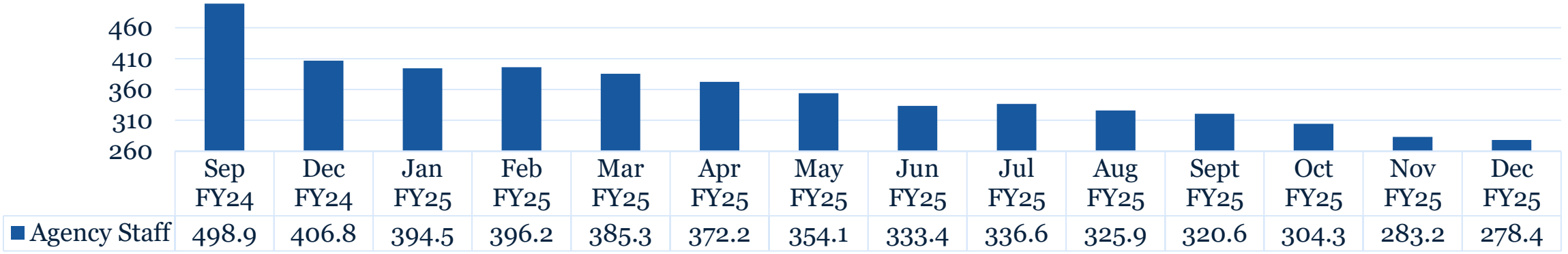




RN Current State Of Agency Use

COOK COUNTY HEALTH
Dec 2025

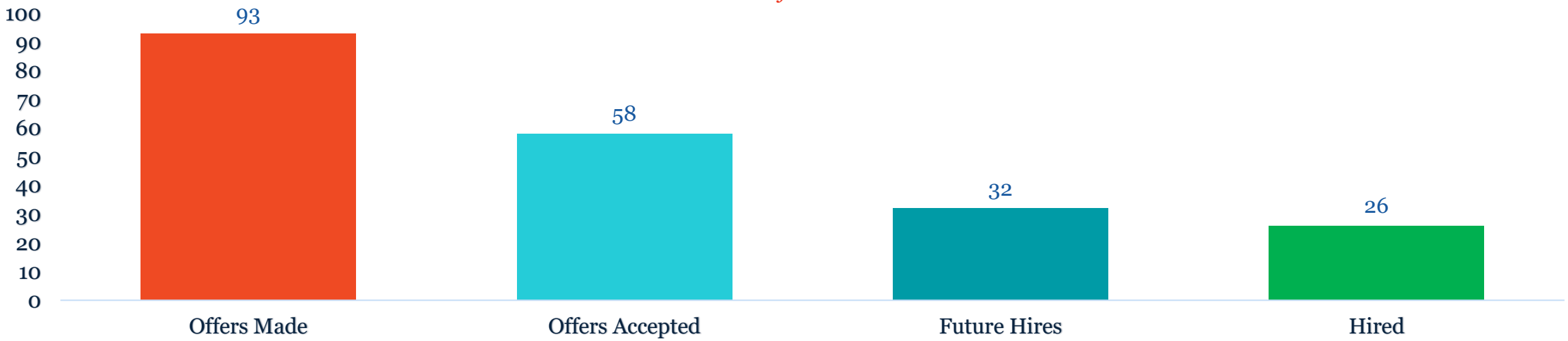
Clinical Nurse I Agency Reduction



	Sep FY24	Dec FY24	Jan FY25	Feb FY25	Mar FY25	Apr FY25	May FY25	Jun FY25	Jul FY25	Aug FY25	Sept FY25	Oct FY25	Nov FY25	Dec FY25
Agency Staff	498.9	406.8	394.5	396.2	385.3	372.2	354.1	333.4	336.6	325.9	320.6	304.3	283.2	278.4

Clinical Nurse I Agency Conversion

As of 1.28.26



Agency workers outside of these unions follow the normal approval and clearance process.

Talent Acquisition

Overview:
The Talent Acquisition team at Cook County Health leads a strategic, system-wide approach to attracting and retaining top talent.

Current State

- Leverages applicant tracking systems to track and report progress.
- Leads outreach through career fairs, university partnerships, and DEI pipelines.
- Embeds equity, compliance, and consistency across all hiring activities in accordance with the Employment Plan.

Future State

- Engaging ideal candidates through targeted sourcing, recruitment marketing, and strategic partnerships with universities, professional associations, and community-based organizations.
- Executes the full recruitment lifecycle—from strategic sourcing and employer branding to screening, interviews, and offer prep.
- Leverages workforce analytics to identify hiring gaps, forecast needs, and track retention patterns system-wide.
- Enhances candidate experience through timely communication, process transparency, and digital engagement tools

Talent Acquisition

Key Projects and Initiatives:

- Agency conversion project led to converting 200+ contractors into permanent CCH roles, reducing vacancies and agency spend.
- Incorporation of the 'Accelerated Hiring Process' permanently into the employment plan to increase hiring velocity and reduce time to fill for key roles, especially where agency is heavily utilized. (Nursing, Clerks, Medical Assistants, etc.).
- Leveraging LinkedIn to enhance sourcing capabilities, employer branding and targeting ideal candidates for critical roles.
- Collaboration with Quality/Process Improvement to identify opportunities for increased efficiency and reduce time-to-fill
- Building a 2026 Career Fair Calendar – including external and CCH-hosted events
- Full adoption of LinkedIn Recruiter across all recruiters
- Career Fair Calendar executed around priority vacancies and strategic hiring goals
- Talent Attraction Strategy: Experienced Nurses
- Digitized the Onboarding Experience
- Taleo Enhancements
- TA Holistic Improvement Plan

FY26 Hiring Events

Hiring Fair Success:

- CCH January 22nd Nursing Focus
  - Emergency Department fill all 8 vacancies and created a CRL of 30 candidates
  - Perioperative Department filled 1 of 16 vacancies

Upcoming Fairs:

- CCH Sponsored February 18th Nursing Focus
  - 36 Medical / Surgical Vacancies
  - 13 Main Operating Room Vacancies
- 38th National Black Nurses Day Celebration February 24th
- Malcolm X College, March 4th
- CCH Sponsored March 13th
- Chicago Diversity Employment Day Career Fair, April 23
- CCH Sponsored April 16th
- Malcolm X College: RN Recruitment Event, May 8th
- Chamberlain University: RN Graduation Event, TBD

Talent Attraction Strategy: Experienced Nurses

Experienced nurses are increasingly seeking roles that align with their **professional goals, personal values, and well-being**. Engaging this audience requires moving beyond traditional job postings and job fairs. It requires a coordinated strategy that elevates our nursing voice - to more authentic, experience-driven messaging.

In partnership with Nursing, we aim to leverage authentic employee stories, testimonials, and real-world experiences – complementing LinkedIn Life Tabs and marketing assets – to clearly articulate culture, clinical experience, and commitment to nurses at every stage.

By intentionally bringing experienced nurses onto our campus through a **relationship- and networking-focused approach**, we can build trust, foster connection, and position our organization as a long-term career destination.

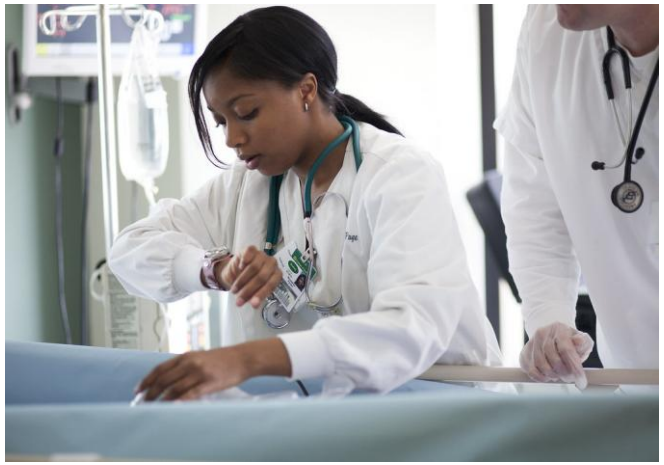
Strategies Currently Being Explored

Hosting industry-focused events

- Guest speakers on trending clinical topics, leadership development, or healthcare innovation
- Panel discussions featuring internal nurse leaders and subject matter experts

Partnering with continuing education vendors

- On-site or virtual continuing education (CE) opportunities
- Specialty-specific learning sessions that also showcase our clinical environment and leadership



Digitizing the Onboarding Experience

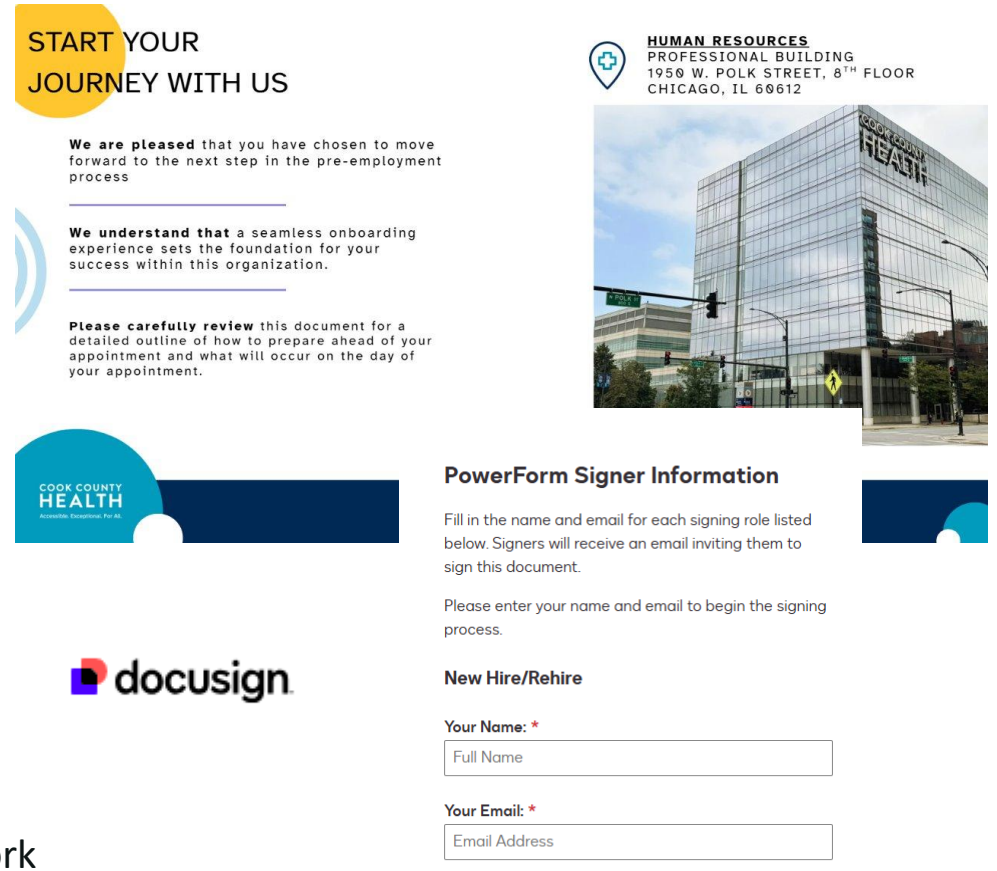
COOK COUNTY HEALTH

Before: Printed

- Candidates printed a 26-page packet
- Onboarding appointments would take upwards of 90 minutes to complete
  - Incomplete information
  - Hard to read
  - Missing pages

After: Docusign

- Candidates are digitally completing onboarding paperwork
- Streamlined onboarding appointments
  - Paperwork is completed and reviewed before their appointment date
  - On average, an appointment is now 10-15 minutes long
- Impact on House Staff – 22 residents have completed onboarding paperwork



How do we provide the TA team with the information and tools needed to succeed?

Trainings

Recruitment Skills and Mindset

Compliance and Policy training

- Intra-agency moves
- Union Processes (NNOC specifically)
- EPO Training

Taleo – as enhancements are completed

Resources

Centralized Repository – Microsoft Teams Channel

SOPs for all processes

CBA Grid

RSA Scorecards

Technology and Tools

- Taleo Enhancements
- Optimize Language Line
- Implement Background Check Vendor
- Optimize eSkills
- Explore Technology Integrations – connect our systems
- LinkedIn Optimization
- Improve Reporting
  - Optimize Tableau
    - Weekly RSA Reports and Prioritizations
    - Reports to Hiring Teams and Leaders
  - Productivity Reports
    - SLAs and Effectiveness
  - Source Reports
    - ROIs on events and postings sites

How do we improve our candidate engagement and visibility?

Candidate Experience

- Communication Templates: build it into the Taleo
- Onboarding Process
  - Implement Docusign
- Built Talent Network Community
- Process and Timeline Transparency (FAQs)

Recruitment Event Strategy

- Build a Recruitment Event Calendar
- Expand University / College Partnerships:
  - Nursing Programs
  - City Colleges of Chicago
  - Early Career (pipeline talent)
- Establish Partnerships with Professional Groups:
  - Nursing
  - Physician
  - Miscellaneous

Recruitment Marketing Strategy

- Career Site Optimization
- LinkedIn Company Page
  - Life Tabs Buildout and Optimization
  - Optimize Targeted Advertisement Campaigns
- Explore Niche Job Post Sites
- Explore DEI focused Groups and Sites
- Create Employee Testimonials and Day-in-the-Life Materials
- Highlight Career Growth Stories
- Establish Social Media Recruitment Strategy
- Transform Employees into Brand Ambassadors

How do we better support our hiring partners?

Trainings

- How to Complete DTH Submissions
- How to Complete ARP Packets
- Creating a Great Onboarding Experience
- How to Share LinkedIn Job Postings
- Candidate Engagement

Enhanced Communication & Collaboration

- Create a Hiring Manager Toolkit
  - FAQs, timelines, best practices, etc.
- Regular sync-up meetings
- Establish Continuous Feedback Loops
  - Post-hire Surveys
- Partner on marketing initiatives (future LinkedIn Collaboration)

Resources

- Update Hiring Central
  - Centralize JDs
  - Centralize Training Materials and Process Docs
  - Create Templates for Candidate Engagement
    - Onboarding Templates
    - Candidate Communications
  - Interview Resources
    - Conducting Effective Interviews
- Improve Reporting
  - More data-driven approach

Proactive Workforce Planning

- Improve Partnership with PCA and TA Team on future hiring needs and initiatives

Taleo Enhancements

Short-term Initiatives
(within 6 – 12 months)

- Automated Email Communication
- eQuest Job Board
- Career Site Branding
- Improving Candidate Transparency – Application status changes
- Automated Dispositioning of Candidate
- Pipeline Management (Talent Network)
- Resume Parsing

Long-term Initiatives
(within 12 - 18 months)

- Interview Evaluations
- Advanced eOffer
- Pre-Hire Document Checklist
- Dynamic Approval
- Auto Progression of Candidates
- Dashboards & Reports

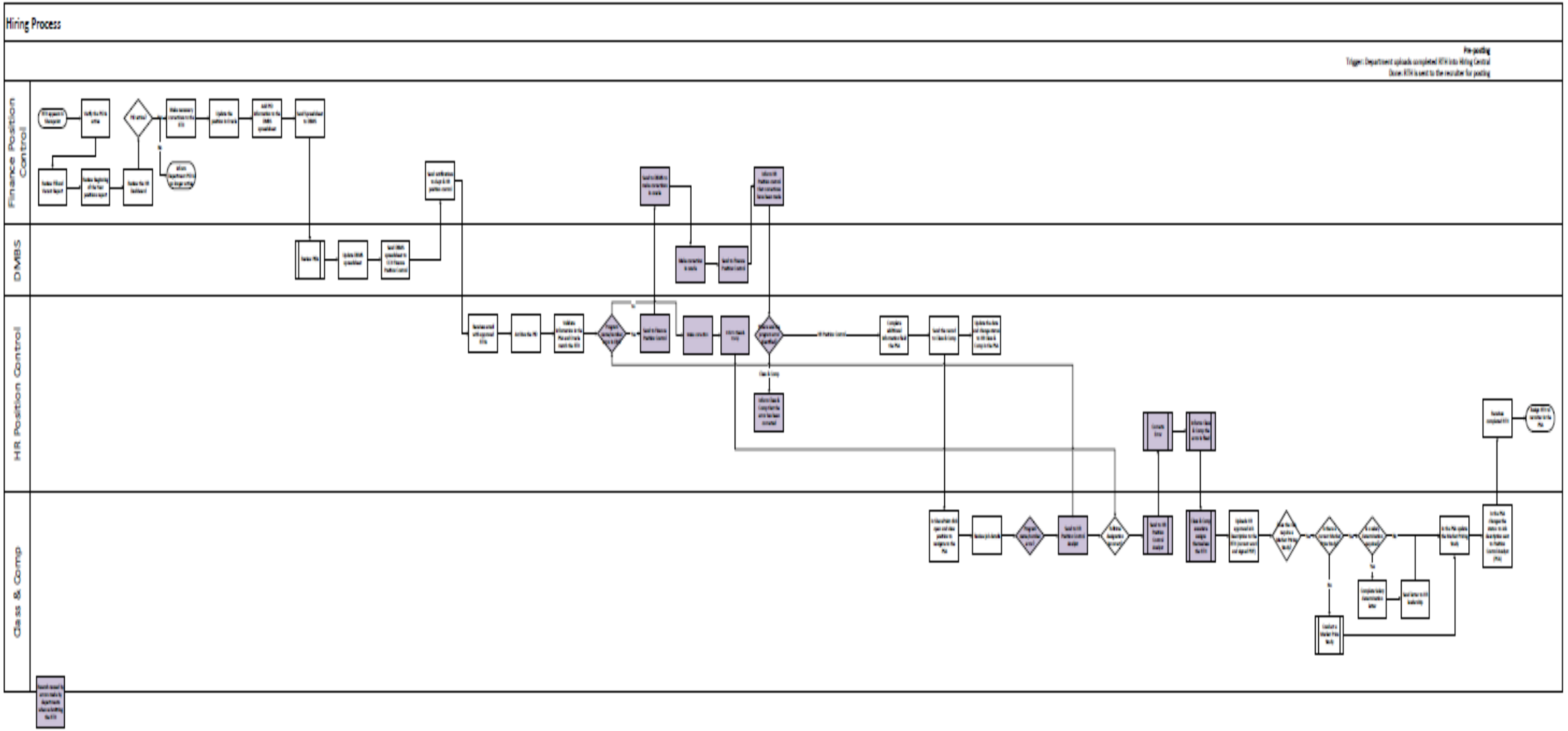
Future Initiatives
(18+ months)

- Scheduling Candidate Interviews
- Onboarding Process
- Scheduling Center

Recruitment Process Steps

COOK COUNTY HEALTH

Request-to-Hire and Job Posting Process



Recruitment Process Improvement

COOK COUNTY HEALTH

Talent Acquisition continue to partner with Quality and Process Improvement to improve efficiency

Enhancements to the Request to Hire Digital Form Process		
Challenges	**Opportunities**	**Status**
• Job description upload is disabled in the Request to Hire Digital Form.	• Job description upload is now enabled. • Hiring Managers have direct access to the Job Description Library.	Completed
• Position identification number attributes are manually entered into the Request to Hire Digital Form.	• Position identification number attributes will electronically pre-populate into the Request to Hire Digital Form.	In Progress

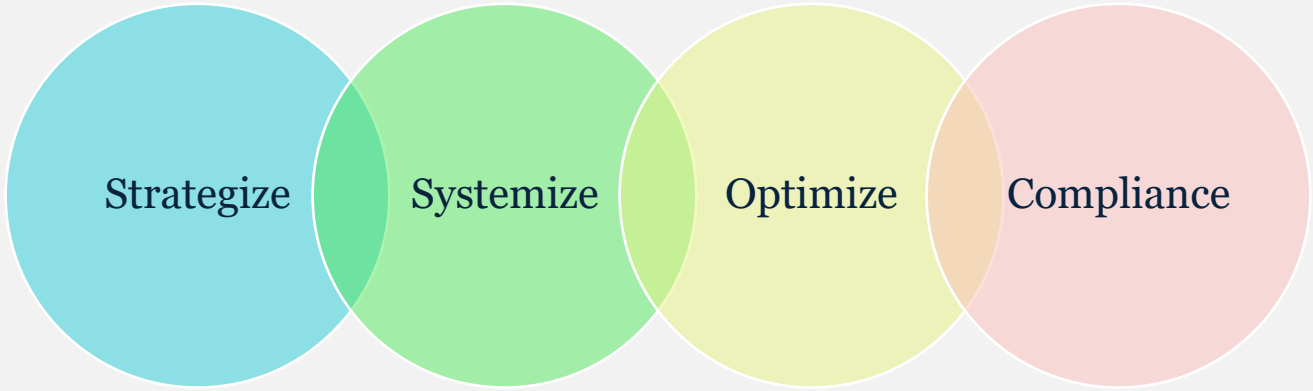
• Request to Hires are submitted to Budget first for approval to post.	• Request to Hires will go to Human Resources first for processing.
	  • HR Classification & Compensation review.
	  • HR Position Control Analyst review.
	  • Budget approval.
		In Progress

Strategic HR Transformation

COOK COUNTY HEALTH

OVERVIEW

Process Optimization for Hiring, Recruiting, Employees and Recruiting Support



OBJECTIVE

The goal is to make HR work more consistent, more efficient, and easier for employees, managers, and HR teams to navigate.

KEY OUTCOMES

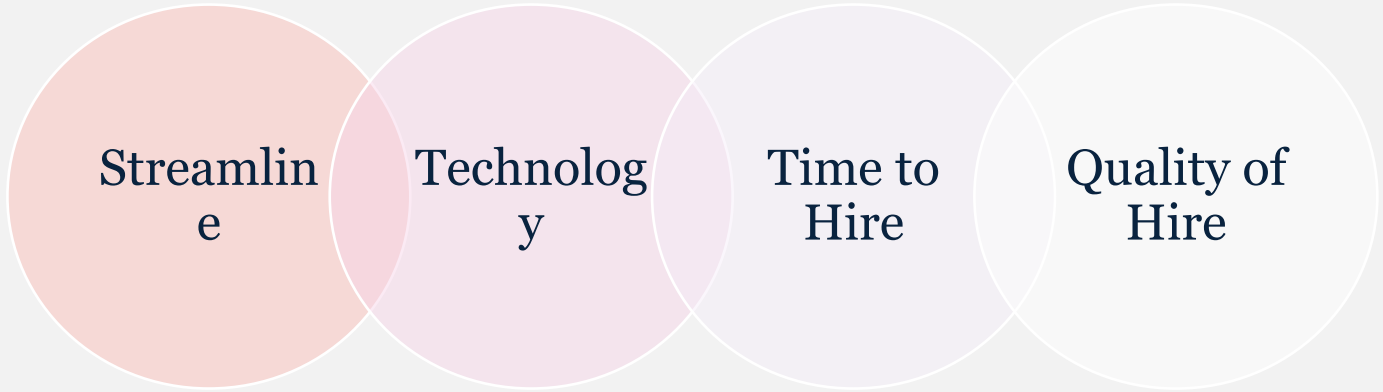
Consistent HR Processes	Compliance and Audit Readiness	HR Service Link Modernized
Clear Roles and Accountability	Sustainable workforce development and leadership practices.	User-Friendly

Strategic HR Transformation

COOK COUNTY HEALTH

WORKSTREAM 1 – RECRUITMENT & SELECTIONS

Modify the tools and practices HR utilize to attract, evaluate, select, and onboard candidates and manage applicant data and status.



OBJECTIVE

Create a more consistent, accountable recruitment process that supports timely hiring and clear expectations for everyone involved.

KEY OUTCOMES

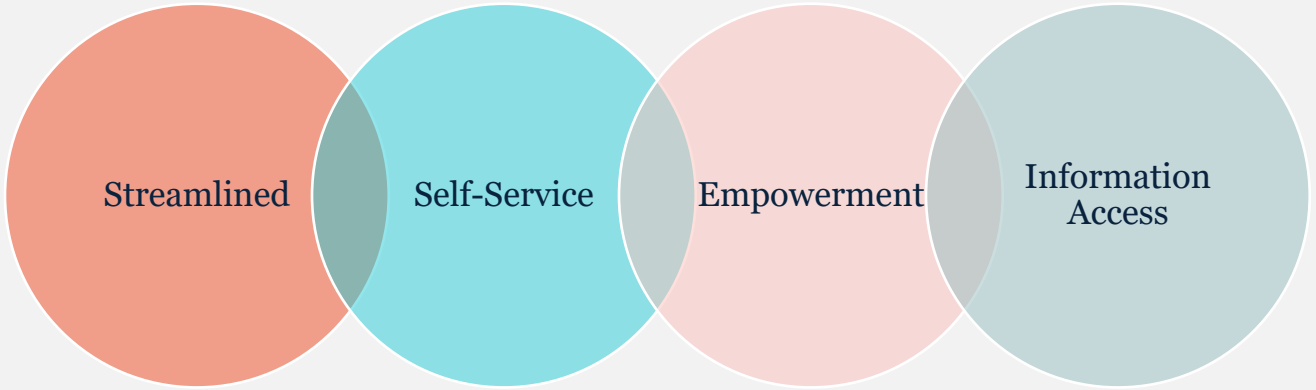
Standardized Workflows	Updated Recruitment business process maps	Standard Operating Procedure documents
Job Aid documents	Performance Measures	Service Level Agreement

Strategic HR Transformation

COOK COUNTY HEALTH

WORKSTREAM 2 – HR Information Systems

Enhance the HR Service Link application to enhance the tool's capabilities and user experience.



OBJECTIVE

Improve HR Service Link so it works better for employees, managers, and HR—reducing manual work and increasing self-service.

KEY OUTCOMES

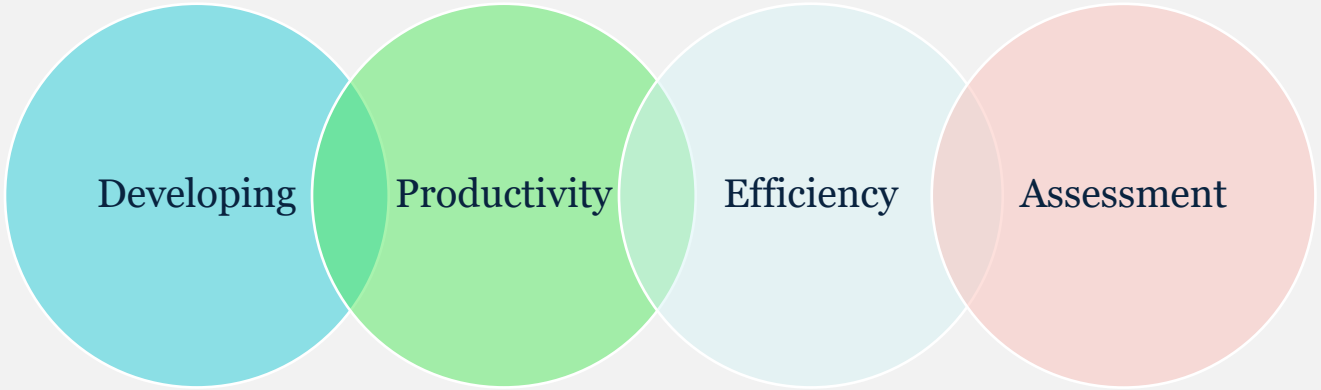
Roadmap	Process Automation	Artificial Intelligence (AI)
Tuition Reimbursement	Revamped Separation/Exit Process	Standard Operating Procedure documents

Strategic HR Transformation

COOK COUNTY HEALTH

WORKSTREAM 3 – WORKFORCE DEVELOPMENT & PERFORMANCE MANAGEMENT

Design and develop learning modules to assist with effective workplace relationships.



OBJECTIVE

Strengthen leadership capability and create clearer pathways for growth and career movement across the organization.

KEY OUTCOMES

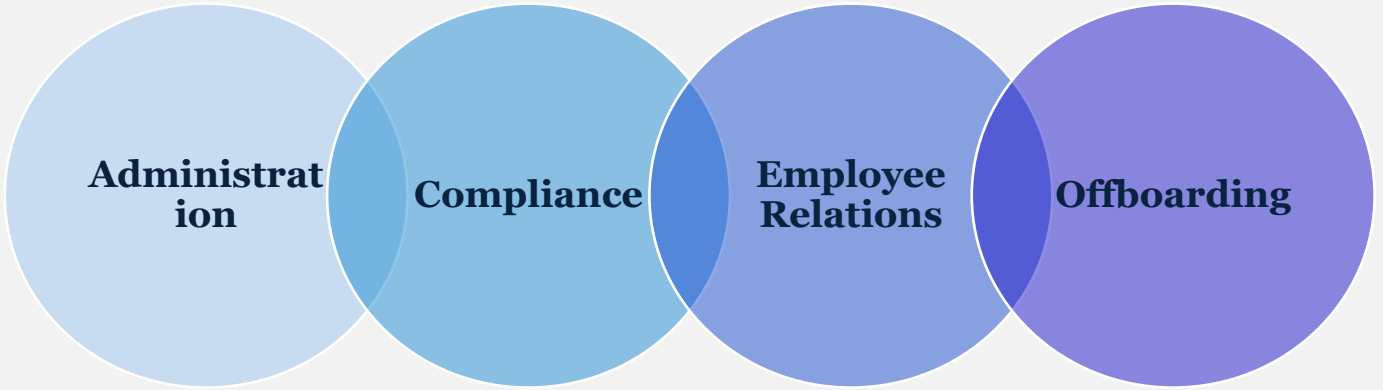
Workplace relationship micro-learning modules	Learning Pathways	Professional Competency Frameworks and Assessments
Integrated Learning Institute Program	Leadership Development	CCH Learning Institute Governance

Strategic HR Transformation

COOK COUNTY HEALTH

WORKSTREAM 4 – HR OPERATIONS

Enhance both proactive and reactive compliance procedures to support audit readiness.



OBJECTIVE

Bring more consistency, clarity, and sustainability to core HR operational processes.

KEY OUTCOMES

Standard Operating Procedure documents	Compliance Audit Process Improvements	Standardized Templates
Records Management Storage & Retrieval Process	Governance Process Document	Training Materials

Managed Care

COOK COUNTY HEALTH

Current Membership

Monthly Membership as of January 10th, 2026

COOK COUNTY HEALTH

Category	Total Members	ACHN Members	% ACHN
FHP	215,782	9,792	4.54%
ACA	100,556	10,098	10.04%
ICP	31,345	4,441	14.17%
MLTSS	11,871	-	0.00%
SNC	8,207	330	4.02%
HBIS	3,782	1,138	30.09%
HBIC	15,234	1,543	10.13%
Total	**386,777**	**27,342**	**7.07%**

ACA: Affordable Care Act

FHP: Family Health Plan

ICP: Integrated Care Program

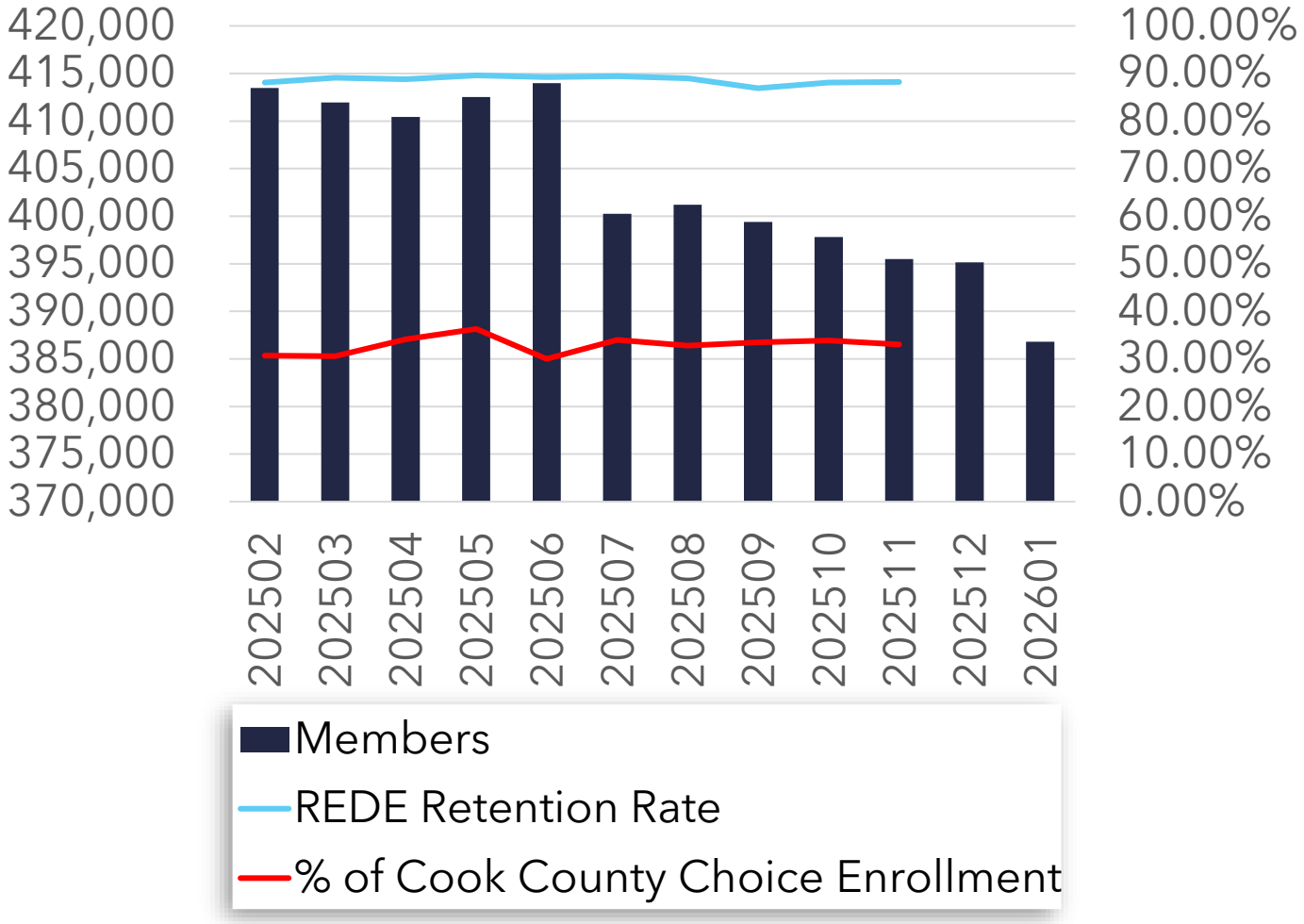
MLTSS: Managed Long-Term Service and Support (Dual Eligible)

SNC: Special Needs Children

HBIS/HBIC: Health Benefit for Immigrant Seniors/Children

Overall Membership

Monthly Membership for February 2024 – January 2026



Month	Members	REDE Retention Rate	% of Cook County Choice Enrollment
202502	413,469	88.10%	30.7%
202503	411,945	89.10%	30.6%
202504	410,422	88.80%	34.1%
202505	412,523	89.60%	36.3%
202506	413,967	89.20%	30.0%
202507	400,265	89.40%	34.0%
202508	401,207	89.00%	32.8%
202509	399,386	86.20%	33.5%
202510	397,806	88.10%	33.9%
202511	395,492	88.20%	33.1%
202512	395,143		33.2%
202601	386,808		

Managed Medicaid Market

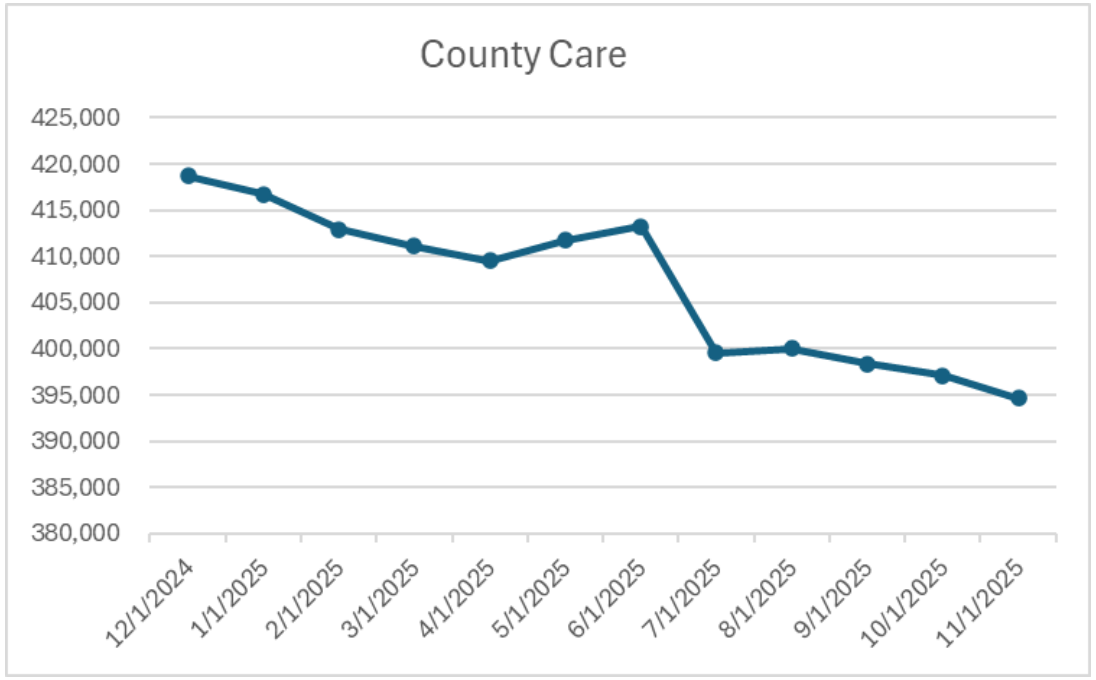
COOK COUNTY HEALTH

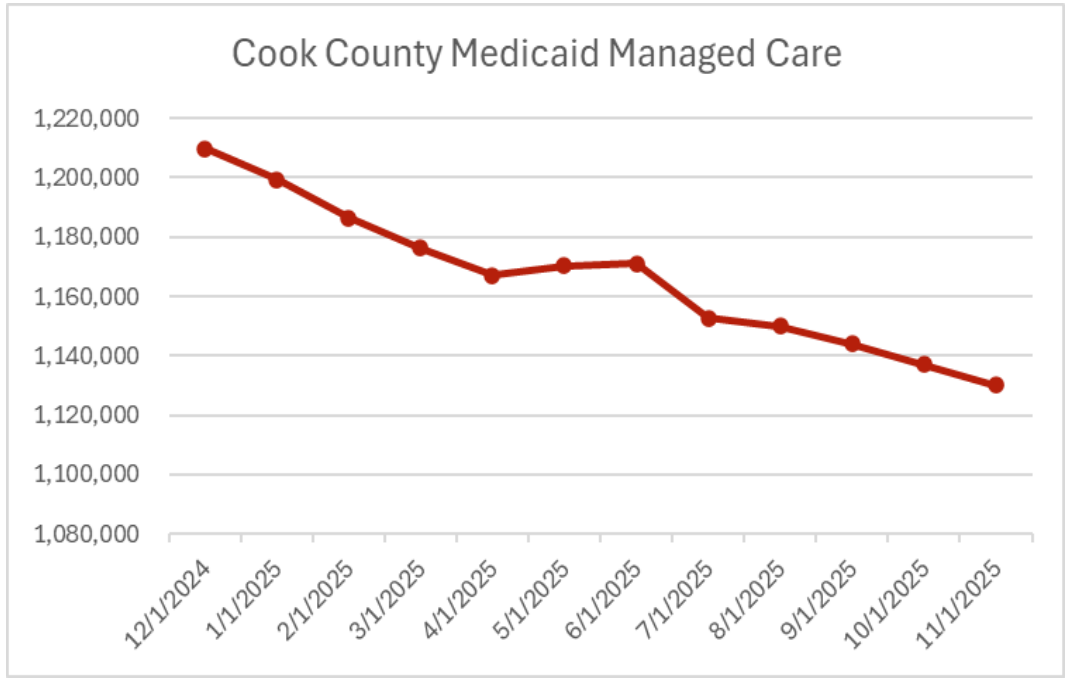
Illinois Department of Healthcare and Family Services November 2025 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	394,615	34.9%
Blue Cross Blue Shield	320,828	28.4%
Meridian (a WellCare Co.)	228,737	20.2%
IlliniCare (Aetna/CVS)	101,849	9.0%
Molina	76,031	6.7%
YouthCare	8,116	0.7%
Total	**1,130,176**	**100.0%**

IL Medicaid Managed Care Trend in Cook County

Charts not to scale

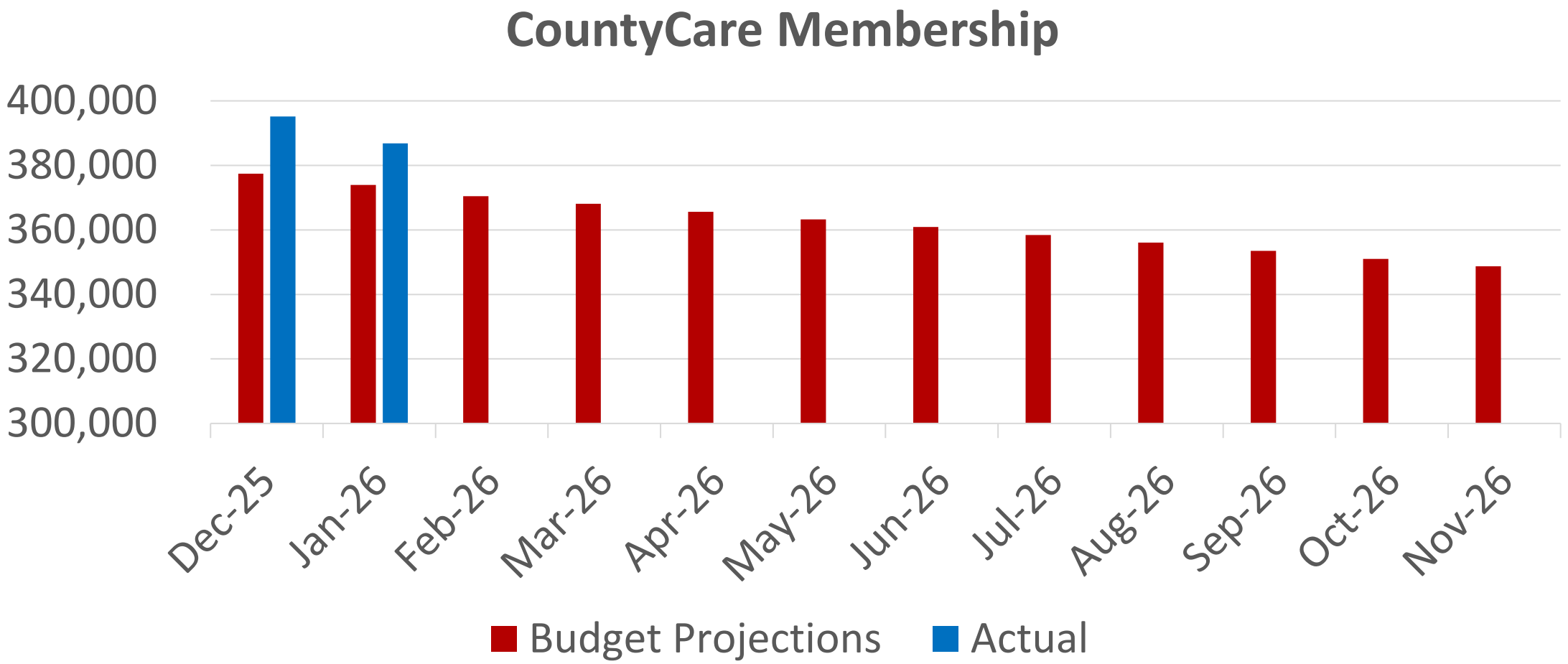




- CountyCare's enrollment **declined** slightly by **0.62**% in November, decreasing from 397,085 in October to 394615. Cook County's overall enrollment also continued its downward trend, **dropping** by **0.60**% from 1,136,945 to 1,130,176 over the same period.

Source: Total Care Coordination Enrollment for All Programs | HFS (illinois.gov)

FY26 Budget | Membership



Claims Payments

COOK COUNTY HEALTH

Received but Not Yet Paid Claims

Aging Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	$ 109,814,352	$ 53,445,721	$ 46,955,452	$ 9,290,569	$ 219,506,093
Q2 2020	$ 116,483,514	$ 41,306,116	$ 27,968,899	$ 18,701,664	$ 204,460,193
Q3 2020	$ 118,379,552	$ 59,681,973	$ 26,222,464	$ 71,735	$ 204,355,723
Q4 2020	$ 111,807,287	$ 73,687,608	$ 61,649,515	$ 1,374,660	$ 248,519,070
Q1 2021	$ 111,325,661	$ 49,497,185	$ 4,766,955	$ 37,362	$ 165,627,162
Q2 2021	$ 131,867,220	$ 49,224,709	$ 566,619	$ 213,967	$ 181,872,515
Q3 2021	$ 89,511,334	$ 25,733,866	$ 38,516	$ 779,119	$ 116,062,835
Q4 2021	$ 125,581,303	$ 90,378,328	$ 112,699	$ 1,114,644	$ 217,186,974
Q1 2022	$ 144,241,915	$ 12,166,101	$ 2,958,928	$ 2,183,828	$ 161,550,772
Q2 2022	$ 120,267,520	$ 735,088	$ 2,476,393	$ 4,676,897	$ 128,155,898
Q3 2022	$ 105,262,634	$ 16,617,110	$ 59,407	$ 15,171	$ 121,954,322
Q4 2022	$ 142,815,499	$ 62,495,024	$ 2,403,391	$ 2,056,097	$ 209,770,011
Q1 2023	$ 110,831,299	$ 7,841,360	$ 3,067,736	$ 443,885	$ 122,184,280
Q2 2023	$ 149,387,487	$ 31,299,177	$ 1,319,945	$ 346,575	$ 182,353,184
Q3 2023	$ 191,389,015	$ 38,673,162	$ 743,469	$ 97,943	$ 230,903,588
Q4 2023	$ 181,111,957	$ 75,730,673	$ 1,511,954	$ 20,819	$ 258,375,403
Q1 2024	$ 194,081,254	$ 5,307,661	$ 33,846,206	$ 160,417	$ 233,395,538
Q2 2024	$ 187,157,359	$ 89,900,410	$ 14,514,430	$ 124,785	$ 291,696,984
Q3 2024	$ 197,855,507	$ 111,681,778	$ 31,617,580	$ 6,927,131	$ 348,081,997
Q4 2024	$ 196,233,453	$ 113,669,848	$ 21,596,967	$ 120,655	$ 331,620,923
Q1 2025	$ 228,060,043	$ 114,086,982	$ 232,197	$ 5,049,085	$ 347,428,307
Q2 2025	$ 228,411,592	$ 129,793,116	$ 84,178,091	$ 105,791	$ 442,488,590
Q3 2025	$ 213,529,530	$ 164,696,486	$ 36,592,122	$ 219,040	$ 415,037,178
Q4 2025	$ 206,612,314	$ 173,952,868	$ 153,609,366	$ 27,222,583	$ 561,397,130
1/4/2026	$ 205,534,880	$ 185,319,688	$ 84,781,866	$ 6,077,691	$ 481,714,125

***0-30 days is increased for an estimated $80.5M of received but not adjudicated claims**
***Medical claims only-does not include pharmacy, dental, vision or transportation claims**
***The amounts in the table are clean claims**

Quality & Patient Safety

COOK COUNTY HEALTH

CountyCare received a 4-Star NCQA Health Plan Rating for a second year!

COOK COUNTY HEALTH

CountyCare is proud to have achieved a 4-star overall plan rating in the 2025 NCQA Health Plan Ratings.

CountyCare was the only Illinois Medicaid MCO to receive a 4-star overall plan rating in 2025.

Only 22% of Medicaid health plans achieved a 4-star rating or higher in rating year 2025.

Cook County Health & Hospitals System's CountyCare Health Plan	★★★★★
Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation a Mutual Legal Reserve Company.	★★★★½
Molina Healthcare of Illinois, Inc.	★★★★½
Meridian Health Plan of Illinois, Inc.	★★★★½
Aetna Better Health of Illinois Inc.	★★★★½

Citation: Health Plans - NCQA

2025 Wins Summary

COOK COUNTY HEALTH

Member Safety, Clinical Excellence, and Quality

- ✓ **4-star health plan from NCQA and highest quality health plan in Cook County**
- ✓ Consistent 69% health risk screening rating since February 2025
- ✓ **Launched new outbound call center team with over 40K completed interactions**

Health Equity, Community Health, and Integration

- ✓ **Won 2 NACo Awards for HBIA/HBIS implementation and water filter program**
- ✓ Received 100% across all populations for State Transportation Performance Improvement Plan
- ✓ 3 Health Fairs and 2 Community Baby Showers

Member Experience

- ✓ **5 stars in CAHPS Rating of Health Plan measure**
- ✓ **Launch of "Health Plan Built Around You" Campaign with over 180M total impressions (+237% above 2024)**
- ✓ **>230 redetermination and outreach events**

Growth, Innovation, and Transformation

- ✓ **Submitted HealthChoice RFP**
- ✓ Highest market share - increase in market share (34.8%) and high choice enrollment (32% 12-month average)
- ✓ **4 Aster Awards for "Bring on the Benefits" (1 Gold and 3 Silver)**

Workforce: Talent and Teams

- ✓ Staff Engagement activities – including Field Day, Midday Mingles
- ✓ Hired >30 staff
- ✓ Participation in Bud Billiken Parade and Pride Parade

Fiscal Resilience

- ✓ 57% spend in value-based care (2024)
- ✓ **Kicked off Fiscal Resilience Project**

Optimization and Systemization

- ✓ Onboarding of Advocate and Loyola
- ✓ Ongoing Strategic Partnership Reviews with providers
- ✓ **Enhanced digital experience – new website and member portal**

***Bolded items are expanded upon within this slide deck**

Enhancing the CountyCare Member Experience

Member feedback motivated CountyCare to enhance the digital member experience:

- ✓ New provider directory - September 2024
- ✓ New outbound outreach team – February 2025
- ✓ New text message tool – April 2025
- ✓ New member portal – June 2025
- ✓ New member website – July 2025
- ✓ Ongoing: Outreach and Redetermination Events, new provider contracting to improve access, and focus on language access

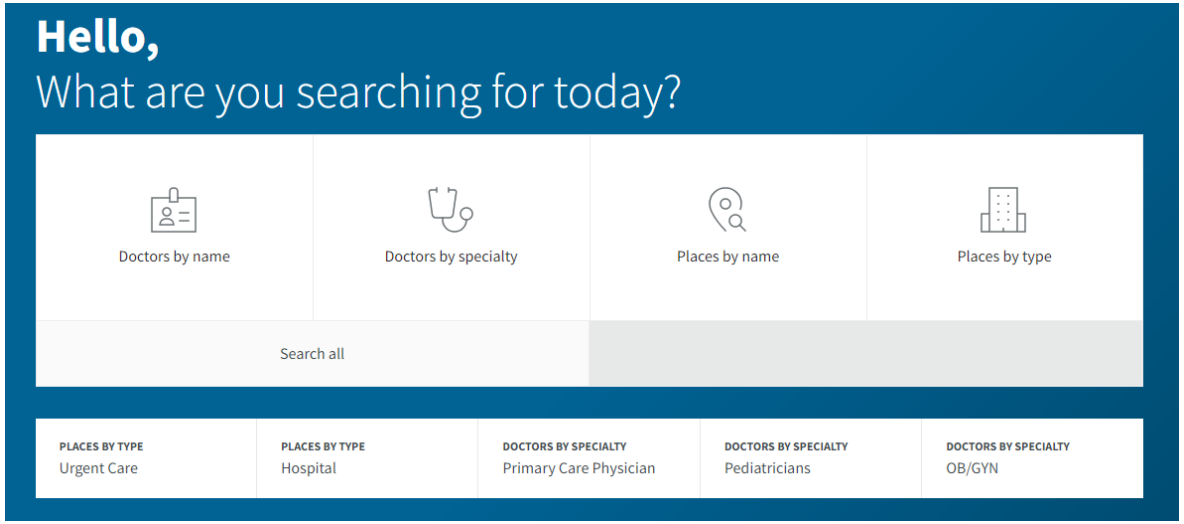
In 2025, CountyCare earned 5-stars on the CAHPS "Rating of a Health Plan" measure

Provider Directory

CountyCare's new provider directory went live in September 2024

Work continues to improve the underlying data displayed in the provider directory.

Improved functionality, including the ability to search by "body part," symptom, provider type, and specialty.



Outbound Call Center

While not digital, CountyCare's outreach call campaigns improve member experience, close care gaps, increase appointment access, and support member retention through redetermination outreach.

Increase Member Engagement Rate

- Target call connection rate of at least 50%
- Quality interactions and responsiveness

Provide Exceptional Member Experience

- Estimated 11,000 new member welcome calls each month
- Provide bi-lingual support in Spanish and English on at least 90% of all calls

Close Care Gaps

- Proactively engage
- Three call attempts within 30 days
- Aim to close a significant percentage of identified care gaps

Text Message Transition

April 2025, CountyCare went live with a new text message vendor

- **Texts sent in 2025:** 9,582,608
- **Total opt outs in 2025:** 9,367

The transition to a new text message vendor has allowed CountyCare to:

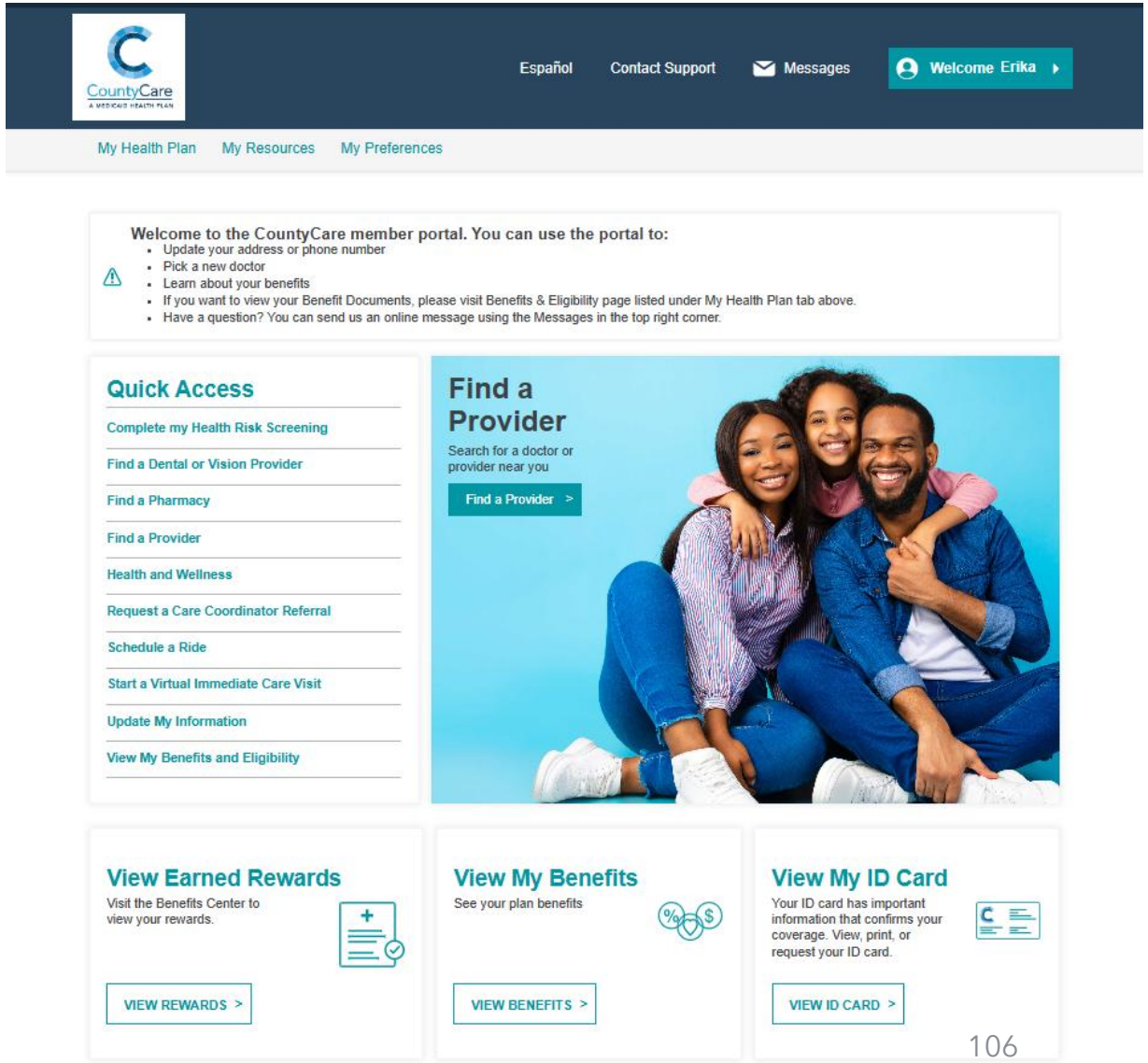
- Review and refine all text campaigns
- Streamline data sharing processes
- Translate messages into 5 languages
- Update and condense the health risk screening (HRS) survey
- Develop new email campaigns

New Member Portal went live July 2025

22,792

Members registered

as of 12/31



Exciting features within the new member portal:

- Cook County Health ExpressCare (virtual care) link on the member portal
- Single Sign On for ModivCare (transportation) & Incomm (rewards) from portal

CountyCare
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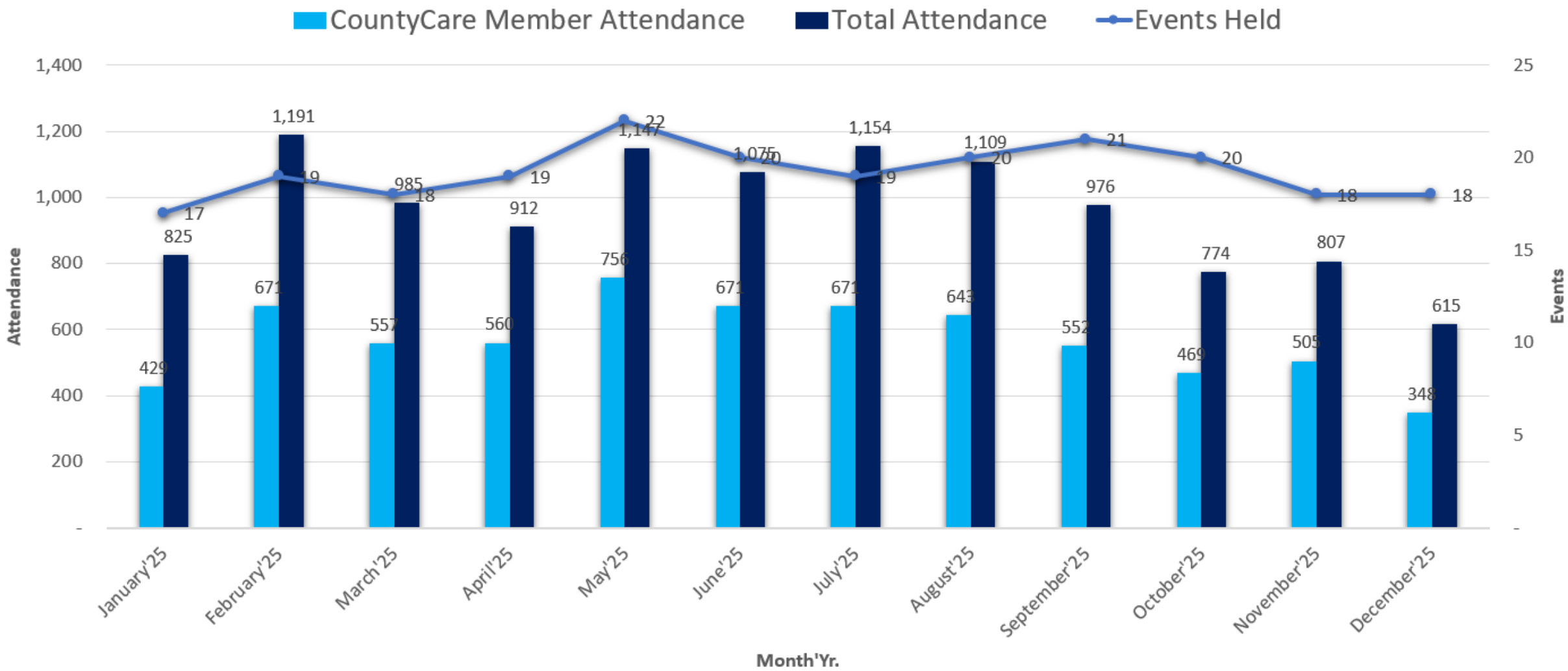
Website Refresh of CountyCare.com

- In June 2025, launched a new website
- The new layout received positive feedback for being easier to navigate and for being more visually appealing
- The grey table below shows numbers comparing 2025 to 2024 website views and users

400,900	79,116	35,685	43,108	26,192	30,327	3m 44s	1m 5s
Overall website views	Homepage views	Homepage users	Benefits views	Benefits users	Rewards views	Average Session duration	Choice campaign websites click-to-click
↑ 41.26%	↑ 114.63%	↑ 9.62%	↑ 399.28%	↑ 144.01%	↑ 45.71%	↑ 1m 5s	↑ 6.92%

Redetermination Events & Attendance – January'25 - December'25



Events Held	231
CountyCare Member Attendance	6,832
Total Attendance	11,570
Average Attendance	50

CountyCare
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National Association of Counties (NACo) Awards

The National Association of Counties (NACo) awards program recognizes innovative county government programs

CountyCare won two National Association of Counties (NACo) Awards for:

- Eliminating Lead for Drinking Water for Illinois Families with Medicaid
- CountyCare Access: Providing Health Benefits for Immigrant Adults and Immigrant Seniors in Cook County

Marketing Awards 2025

Aster Awards

Bring on the Benefits
Award: Gold
Category: Multilingual Advertising – Series

Bring on the Benefits
Award: Silver
Category: Total Advertising Campaigns

Bring on the Benefits
Award: Silver
Category: TV/Video Advertising – Series

CountyCare Social: POV Series
Award: Silver
Category: Social Media Campaign

Healthcare Digital Marketing Awards

Institutional Website
Award: Silver
Category: Institutional Website-Update/Refresh

CountyCare
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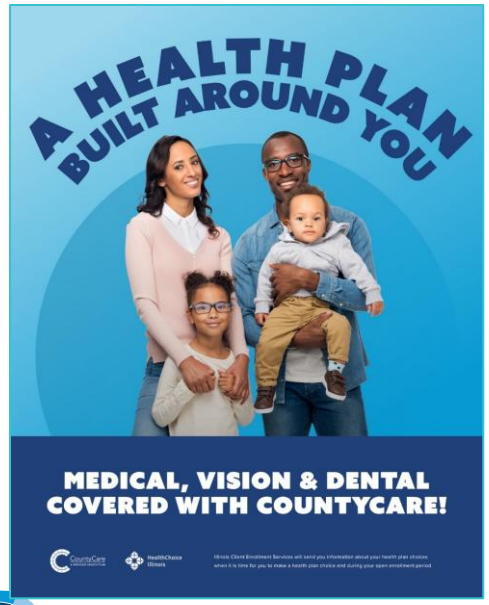
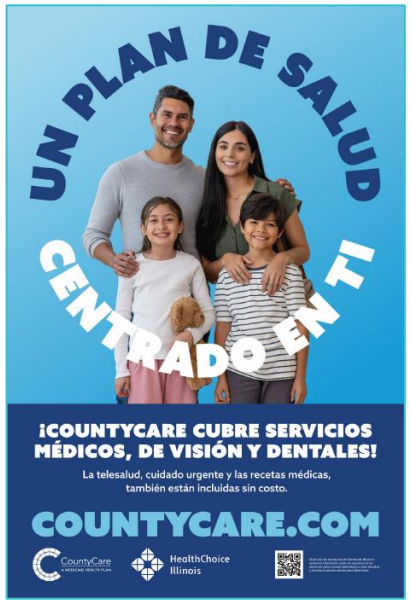
A Health Plan Built Around You

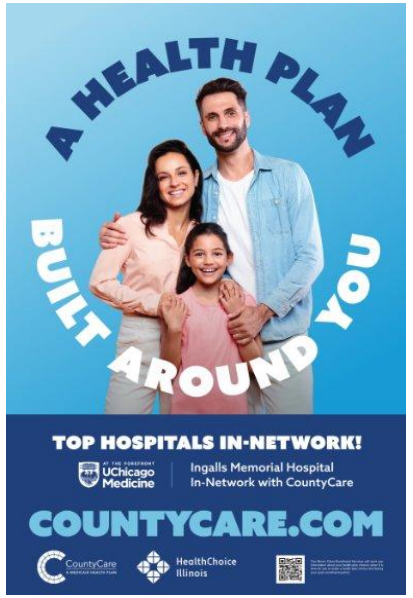
CountyCare Choice Campaign 2025-2026

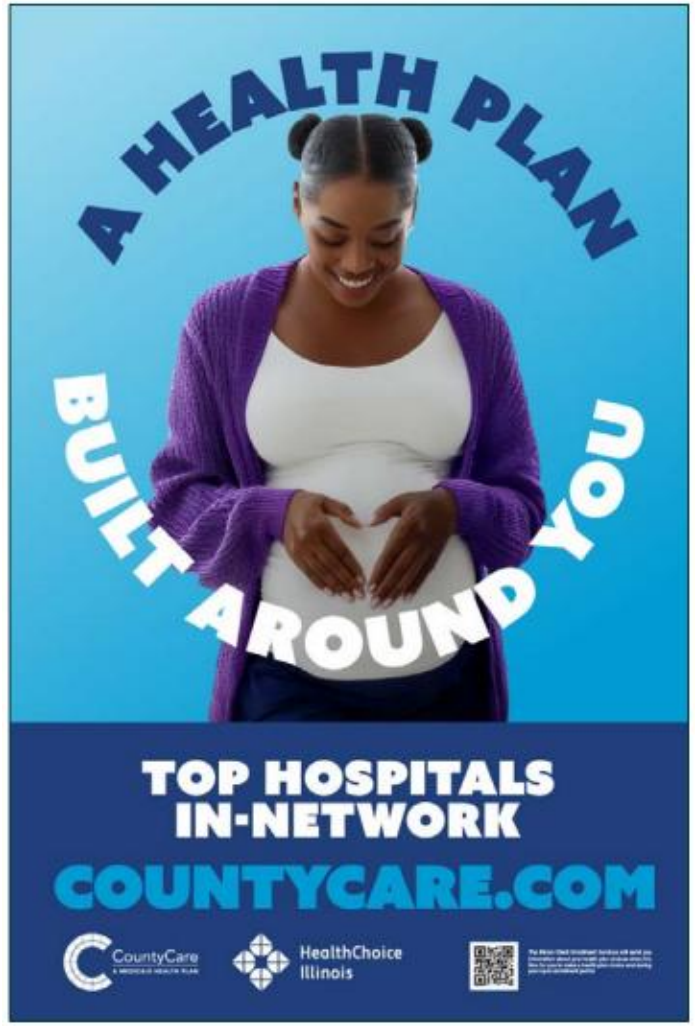
Research: Conducted six focus groups with a total of 38 participants representing the core target.
Media: Digital and Out-Of-Home
Goals: *Retention & acquisition*

The CountyCare Choice Campaign is outperforming last year's results and benchmarks. Integrated media drove broad reach and frequency, while strong digital engagement signals high message relevance.









Target selection was based on the Membership Analysis 2025 conducted by Res Publica Group

Health Choice Illinois (HCI) Request for Proposals (RFP) - Submission Timeline

COOK COUNTY HEALTH

9/15/25
RFP released

9/23/25
Pre-Bid Conference

10/7/25
Questions to HFS due

11/13/25
RFP Submission due

Source: IL_HCI_RFP.docx pg 9

HCI RFP - Submission Summary

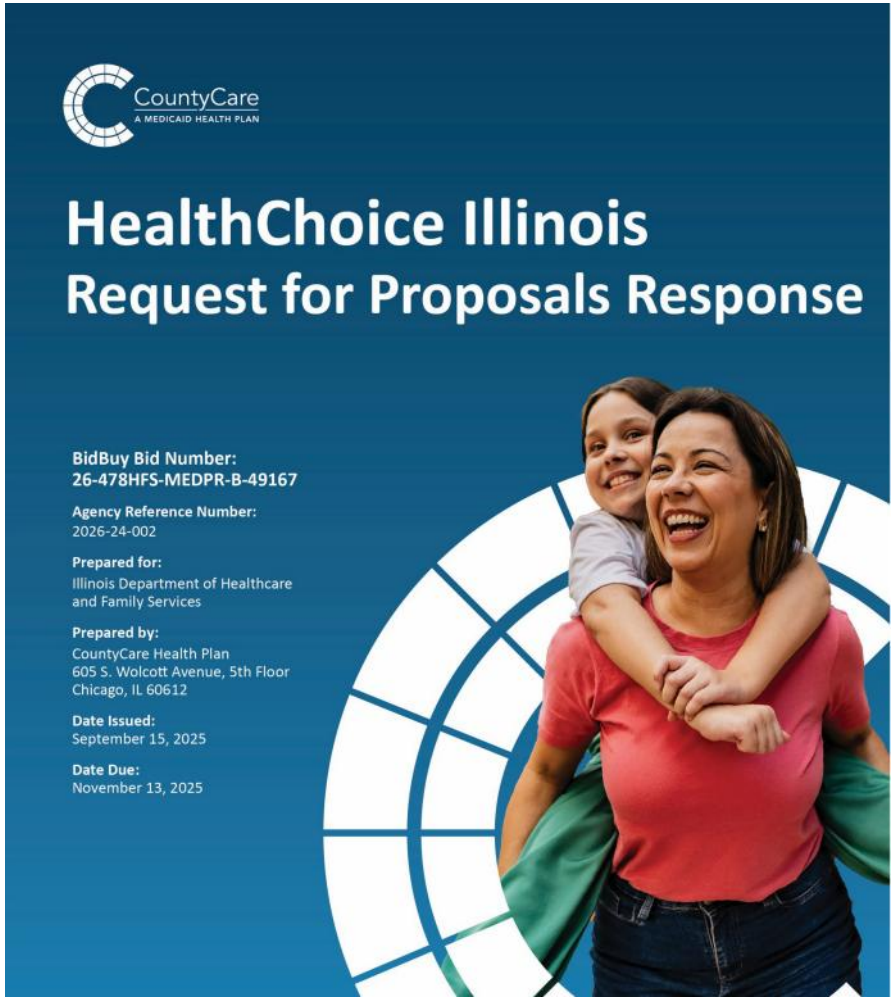
340-page Technical Proposal that included:

- **Health Plan overview**
- **Population Health**, including a focus on quality and social determinants of health
- **Clinical Services**, including a focus on preventative care, maternal and child health, care coordination, long-term services and supports, and behavioral health
- **Network**, including a focus on provider relations, access, availability, and value-based care
- **Operations**, including a focus on compliance and reporting

1,260-page Commitment to Diversity documentation

- Time and spend on diversity, equity, and inclusion activities
- Staff diversity
- Business Enterprise Program (BEP) Utilization Plan

420 pages of subcontractor disclosures and offer to the State



HCI RFP - Contract Timeline

COOK COUNTY HEALTH

11/13/2025
RFP Submission due

02/2026
Notice of Award

07/1/2026
Contract Execution

Fall 2026
Open Enrollment

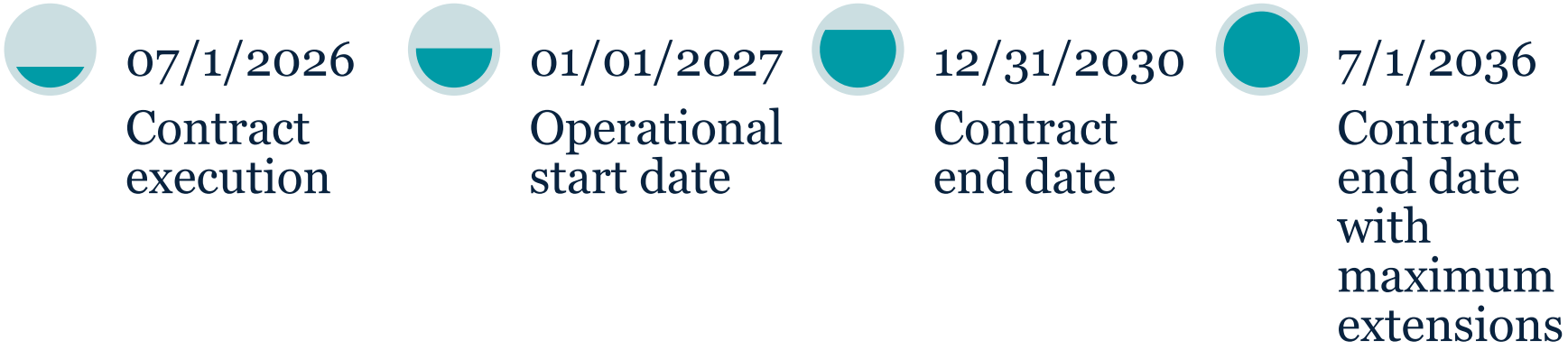
1/1/2027
Operational Start Date

Source: IL_HCI_RFP.docx pg 9

HCI RFP - Contract Terms

COOK COUNTY HEALTH

- The Contracts resulting from this procurement will have an **initial term commencing upon July 1, 2026**, or the last date of signature execution, whichever is later, and **ending December 31, 2030**
- The State has the **option to renew for up to five years and six months** (5 ½ years) in any combination of six months or more.



Source: IL_HCI_RFP.docx pg 9

The One Big Beautiful Bill (H.R. 1): Medicaid Snapshot

Provision	Description	Projected Impact	Implementation Timeline
Mandatory Work Requirements	Requires states to implement work requirements for **ACA expansion adults (able-bodied adults age 19-64) and parents of children age 14+.** Several exemptions exist (e.g. pregnancy, disability).	• CountyCare has ~105K ACA adults who will likely need to adhere to new reporting requirements • Increased administrative burden for the state, MCOs and enrollees • Need for additional education, outreach and navigation support to adhere to requirements	**December 31, 2026**
Six Month Redetermination	Requires ACA expansion adults to undergo eligibility checks every 6 months, instead of every 12 months.		**December 31, 2026**
Immigrant Restrictions	Includes changes to the definition of "qualified alien" which affects which immigrants are eligible for federal Medicaid.	• Refugees, asylees and other immigrants will no longer be eligible for federal Medicaid coverage. • *CountyCare has an estimated ~2,270 members in this category.*	**October 1, 2026**

CMS Information Bulletin – Work Requirements

On December 8, 2025, CMS issued an informational bulletin regarding the H.R. 1 work requirements provision. The bulletin mostly reiterates what was already in the statue and prior CMS communications.

New Information Shared:

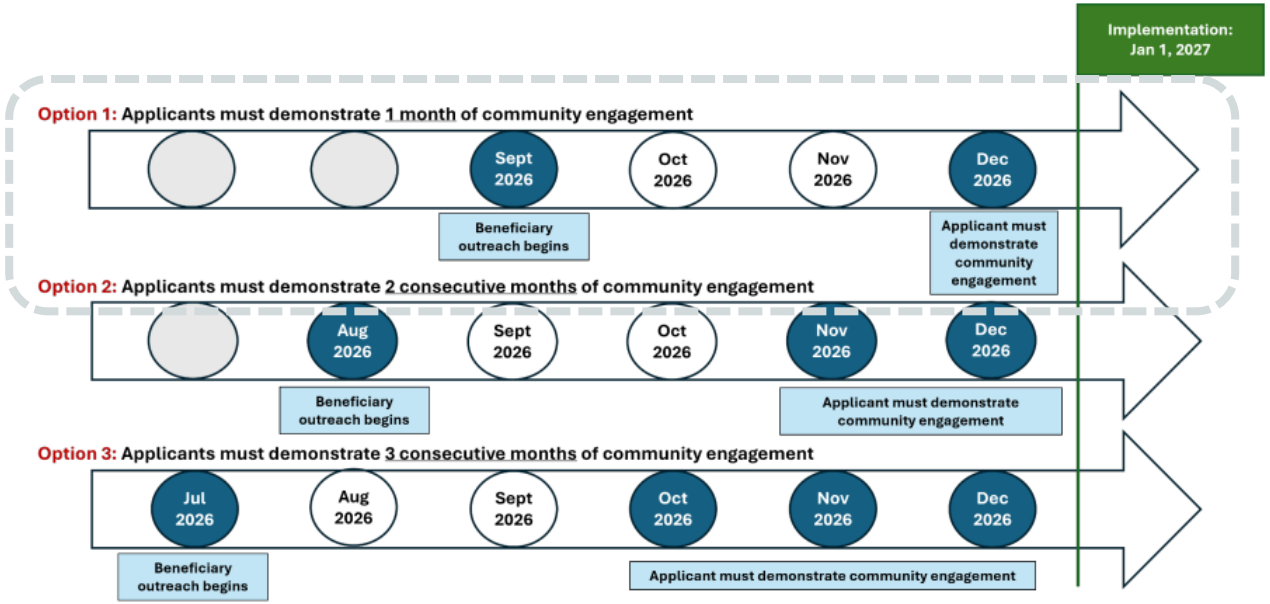
- This guidance includes more a detailed explanation of the required timeline for state outreach to affected beneficiaries.
- Indicates that waivers for delayed implementation will be limited to states making meaningful efforts toward implementation that face severe and/or unexpected challenges.
- Indicates additional guidance is forthcoming on acceptable documentation and **the role of managed care plans.**

"CMS expects to issue further guidance on the potential role that managed care plans can appropriately play in activities that are not related to determining beneficiary compliance."

It is expected that Illinois will implement Option 1.

Appendix: State Options for Initial Community Engagement Beneficiary Outreach and Compliance Review Periods at Application

Based on the statutory implementation date of January 1, 2027, the following graphic depicts state options for timelines accounting for the required three months of initial outreach to existing beneficiaries and the state's "review period" – how many months an applicable individual must demonstrate community engagement to qualify for Medicaid at application (one to three months, at state option).



CountyCare
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CountyCare Objectives and Key Results (OKR) 2026-2028

Strategic Pillar	Objective
Quality, Safety, and Experience	**Objective**: Reduce health inequities through the creation of opportunities for our members to access quality care in their communities and meet their health-related social needs. **Key Result**: Obtain a 5-star rating from the National Committee for Quality Assurance by 2028.
Workforce	**Objective**: Retain and support teams by fostering an inclusive culture and opportunities for professional development that lead to an engaged, compassionate and productive team. **Key Result**: Achieve the 95th percentile of engaged employees on the employee engagement survey by 2028.
Fiscal Resilience	**Objective**: Sustain strong financial performance in Health Plan Services, in support of Cook County Health. **Key Result**: Achieve a $2 million annual margin by 2028.
Growth and Transformation	**Objective**: Through innovation, transformation, and product expansion, become the health plan of choice in Cook County. **Key Result**: Launch a new product by 2028.

Equity is foundational to every pillar and the lens through which every objective is pursued and decision is made

CountyCare
A MEDICAID HEALTH PLAN

2026 Quality Strategy

COOK COUNTY HEALTH

Preventative Care

-Primary care access and engagement

-Focus on immunizations

-Implement **scalable interventions** to support low-risk members in accessing care & services

-Implement new Population Health Services

-Outbound call center focused on care gaps

Living with Chronic Conditions

-Expand **disease management programming** across CountyCare and partners, for members with hypertension and diabetes

-Implement new population health programs in alignment with new HealthChoice contract

Behavioral Health (BH)

-Partner with BH providers to **create direct referral processes** to services

-Establish **strategy for utilizers** of acute BH settings

-Expand **value-based care agreements** and incentives for priority measures

-Expand BH **telehealth services** available

Maternal Child Health

-Enhance reports to improve early **identification of members**

-Continue and increase interventions to support the maternal and child health population

-Continue to support new provider types: doulas, lactation consultants, and home visiting

Provider pay for performance and value-based contracting

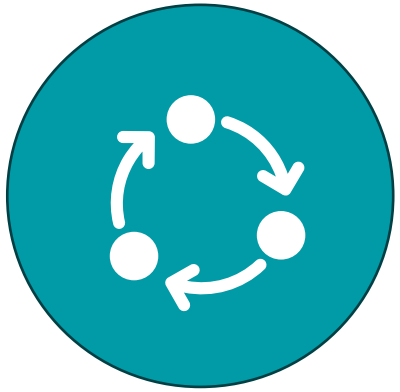
Medical home-based care management

Increase supplemental data capture

Increased access and quality care

National Committee for Quality Assurance Accreditations

Health Plan Reaccreditation



- ***Every three years***
- **Look back period:** 6/1/2024-5/31/2026
- **Submission date:** June 2026

Health Equity Accreditation

- ***First survey***
- **Look back period:** 12/16/2025-6/16/2026
- **Submission date:** June 2026

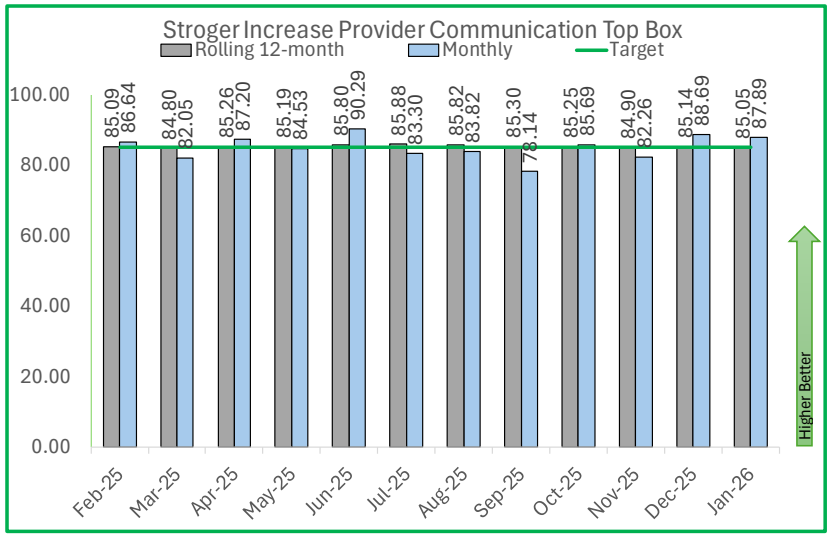
Long Term Services and Supports Distinction

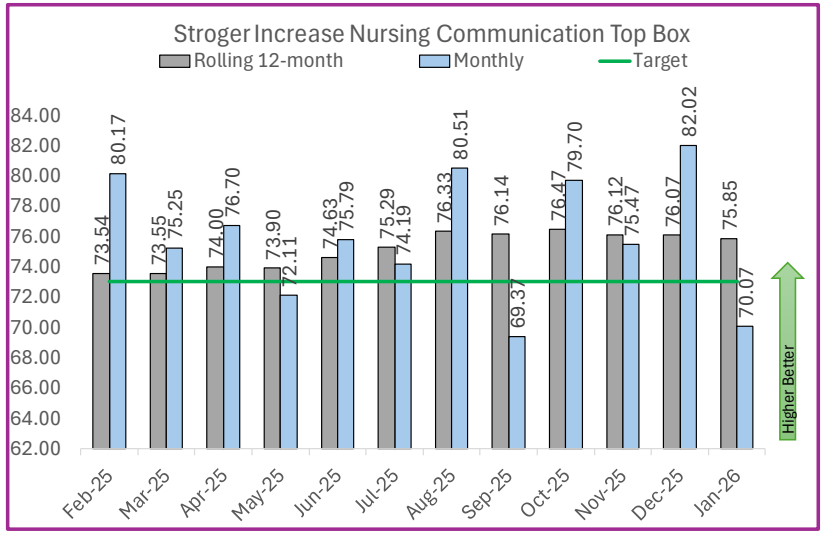
- ***First survey***
- **Look back period:** 12/30/2025-6/30/2026
- **Submission date:** June 2026

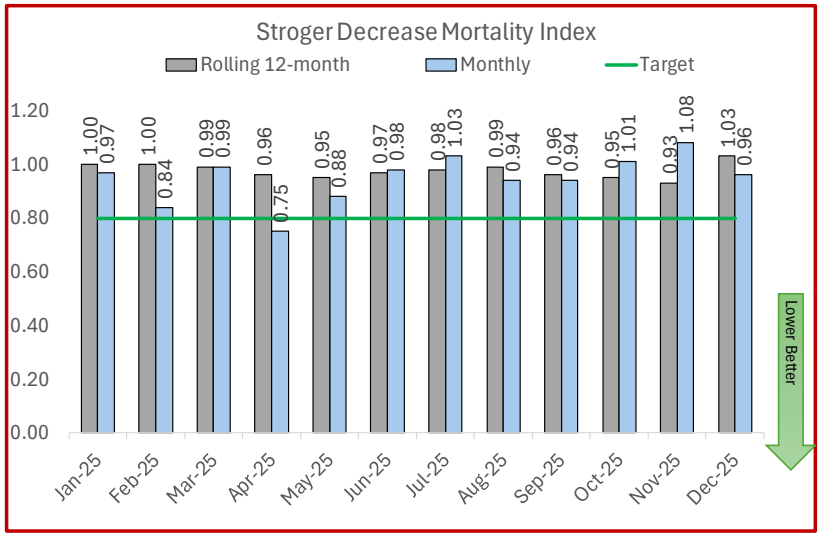
Stroger Op Ex Committee Dashboard

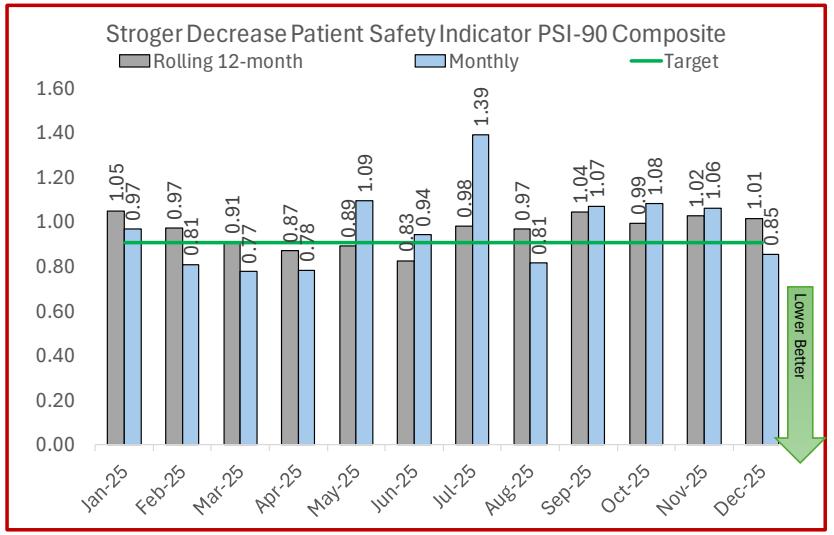
Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target
At Baseline, not improving from baseline

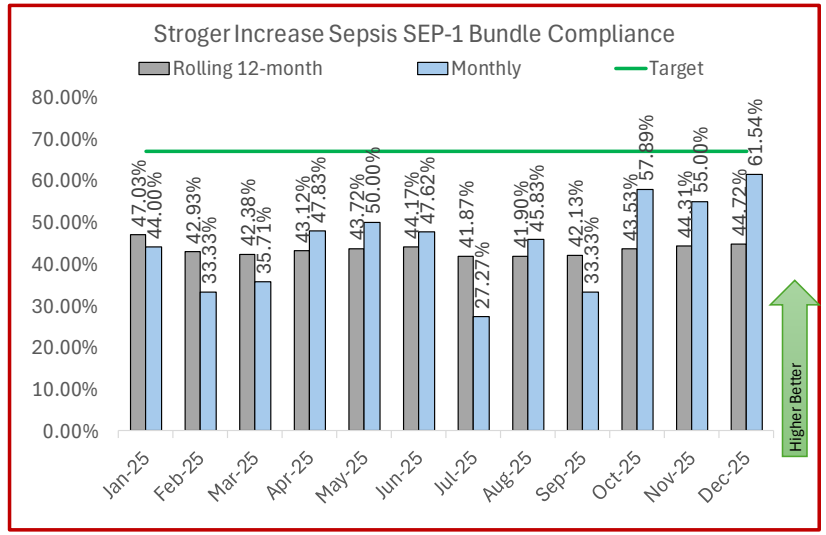
COOK COUNTY HEALTH











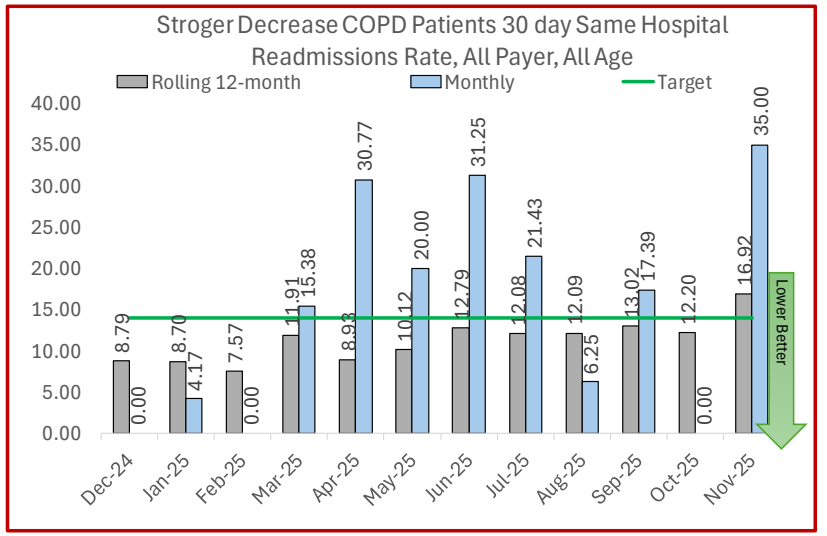
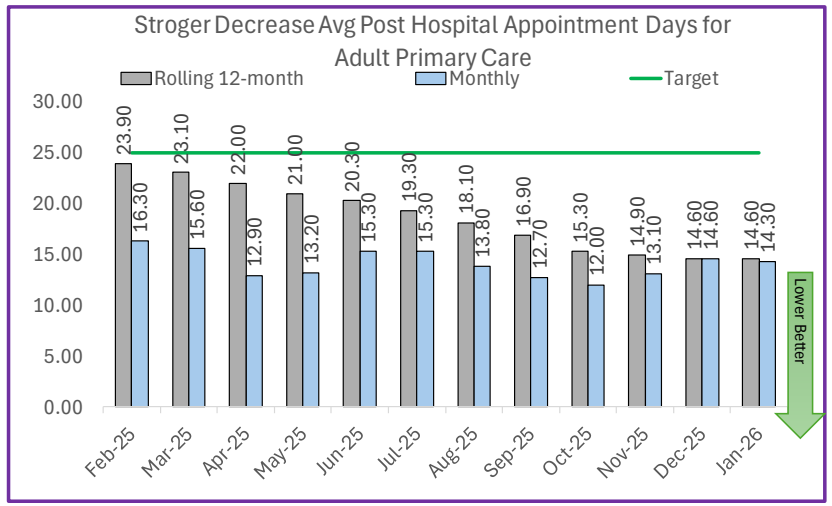


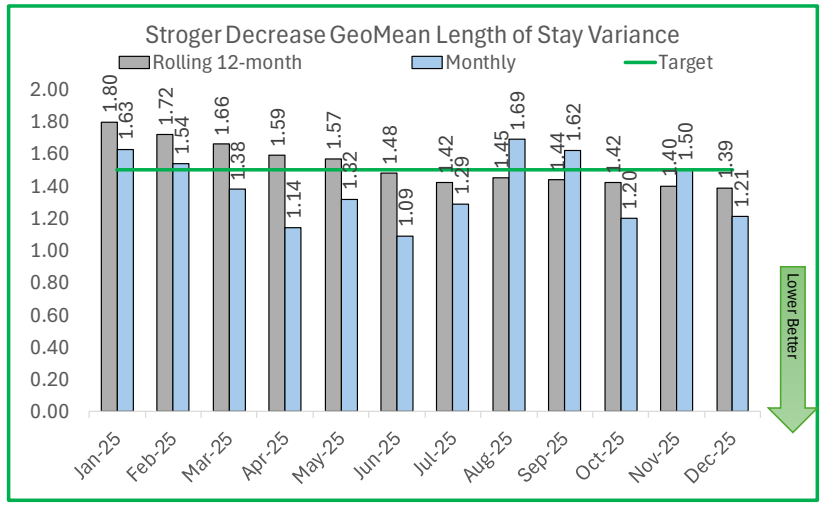
Chart performance monitoring-color based on the most recent rolling 12-month scoring measure results.

Stroger
Op Ex Committee Dashboard

Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target
At Baseline, not improving from baseline

COOK COUNTY HEALTH





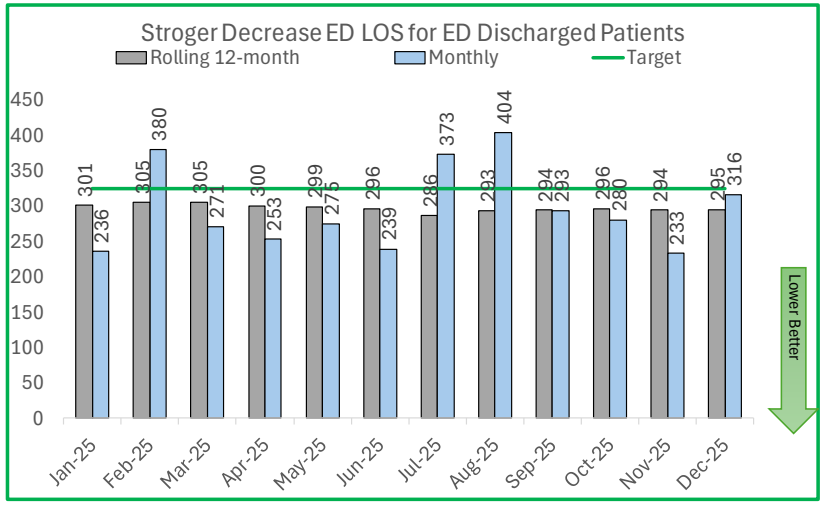


Chart performance monitoring-color based on the most recent rolling 12-month scoring measure results.

Stroger
Op Ex Committee Dashboard

Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target
At Baseline, not improving from baseline

COOK COUNTY HEALTH

Op Ex Steering Committee Dashboard for Stroger Hospital

DOMAIN WORKGROUPS **Metrics**

PATIENT EXPERIENCE

	Target	Stretch	Baseline	Quarterly Improvement Expected	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	2024	2025	YTD 2026
Increase Rolling 12-month Top Box Comm w/ Physician Domain	85.00	87.50	82.01	0.75	85.09	84.80	85.26	85.19	85.80	85.88	85.82	85.30	85.25	84.90	85.14	85.05	83.21	85.14	87.89
Increase Monthly Top Box Comm w/ Physician Domain					86.64	82.05	87.20	84.53	90.29	83.30	83.82	78.14	85.69	82.26	88.69	87.89			

	Target	Stretch	Baseline	Quarterly Improvement Expected	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	2024	2025	YTD 2026
Increase Rolling 12-month Top Box Comm w/ Nursing Domain	73.00	75.00	69.75	0.81	73.54	73.55	74.00	73.90	74.63	75.29	76.33	76.14	76.47	76.12	76.07	75.85	71.80	76.07	70.07
Increase Monthly Top Box Comm w/ Nursing Domain					80.17	75.25	76.70	72.11	75.79	74.19	80.51	69.37	79.70	75.47	82.02	70.07			

CLINICAL OUTCOMES

	Target	Stretch	Baseline	Quarterly Improvement Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2024	YTD 2025	% in change
Decrease Rolling 12-month Mortality Index	0.80		0.86	-0.02	1.00	1.00	0.99	0.96	0.95	0.97	0.98	0.99	0.96	0.95	0.93	1.03	1.01	1.03	2.0%
Decrease Monthly Mortality Index					0.97	0.84	0.99	0.75	0.88	0.98	1.03	0.94	0.94	1.01	1.08	0.96			

	Target	Stretch	Baseline	Quarterly Improvement Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2024	YTD 2025	% in change
Decrease Rolling 12-month Patient Safety Indicator PSI-90	0.907		1.008	-0.025	1.05	0.97	0.91	0.87	0.89	0.83	0.98	0.97	1.04	0.99	1.02	1.01	1.048	1.01	-3.6%
Decrease Monthly Patient Safety Indicator PSI-90 Composite					0.97	0.81	0.77	0.78	1.09	0.94	1.39	0.81	1.07	1.08	1.06	0.85			

	Target	Stretch	Baseline	Quarterly Improvement Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2024	YTD 2025	% in change
Increase Rolling 12-month Sepsis SEP-1 Bundle Compliance	67%		56%	2.75%	47.03%	42.93%	42.38%	43.12%	43.72%	44.17%	41.87%	41.90%	42.13%	43.53%	44.31%	44.72%	50.53%	44.72%	-11.5%
Increase Monthly Sepsis SEP-1 Bundle Compliance					44.00%	33.33%	35.71%	47.83%	50.00%	47.62%	27.27%	45.83%	33.33%	57.89%	55.00%	61.54%			

Stroger Op Ex Committee Dashboard

Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target
At Baseline, not improving from baseline

COOK COUNTY HEALTH

READMISSIONS	Target	Stretch	Baseline	Quarterly Improvement Expected	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2024	YTD 2025	% in change
Decrease Rolling 12-month COPD Readmission Rate (all ages, all	14.00	13.00	15.40	-0.35	8.79	8.70	7.57	11.91	8.93	10.12	12.79	12.08	12.09	13.02	12.20	16.92	8.79	18.48	110.2%
Decrease Monthly COPD Readmission Rate (all ages, all payers)					0.00	4.17	0.00	15.38	30.77	20.00	31.25	21.43	6.25	17.39	0.00	35.00			

	Target	Stretch	Baseline	Quarterly Improvement Expected	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	2024	2025	YTD 2026
Decrease Rolling 12-month Post Hospital Appointment Days for	25.00	20.00	32.50	-1.88	23.90	23.10	22.00	21.00	20.30	19.30	18.10	16.90	15.30	14.90	14.60	14.60	26.3	14.60	14.30
Decrease Monthly Post Hospital Appointment Days for Adult					16.30	15.60	12.90	13.20	15.30	15.30	13.80	12.70	12.00	13.10	14.60	14.30			

THROUGHPUT	Target	Stretch	Baseline	Quarterly Improvement Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2024	YTD 2025	% in change
Decrease Rolling 12-month Geometric Mean Length of Stay	1.50	1.30	1.87	-0.09	1.80	1.72	1.66	1.59	1.57	1.48	1.42	1.45	1.44	1.42	1.40	1.39	1.85	1.39	-24.9%
Decrease Monthly Hospital Geometric Mean Length of Stay					1.63	1.54	1.38	1.14	1.32	1.09	1.29	1.69	1.62	1.20	1.50	1.21			

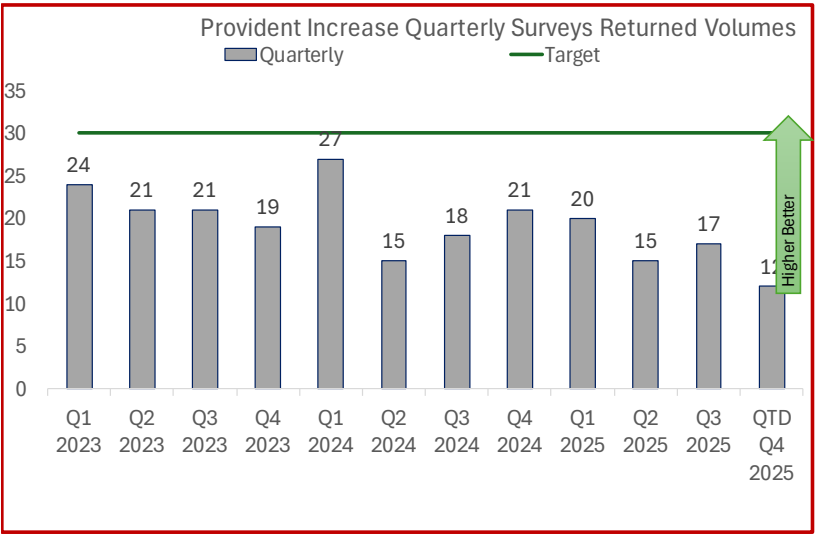
	Target	Stretch	Baseline	Quarterly Improvement Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2024	YTD 2025	% in change
Decrease Rolling 12-month Median ED LOS for ED Discharged	324	288	360	-9	301	305	305	300	299	296	286	293	294	296	294	295	312	295	-5.4%
Decrease Monthly Median ED LOS for ED Discharged Patient					236	380	271	253	275	239	373	404	293	280	233	316			

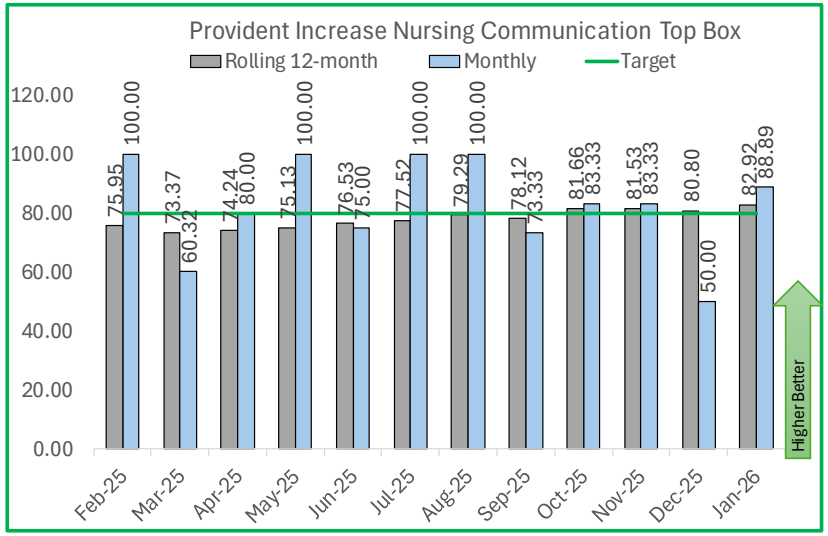
Provident
Op Ex Committee Dashboard

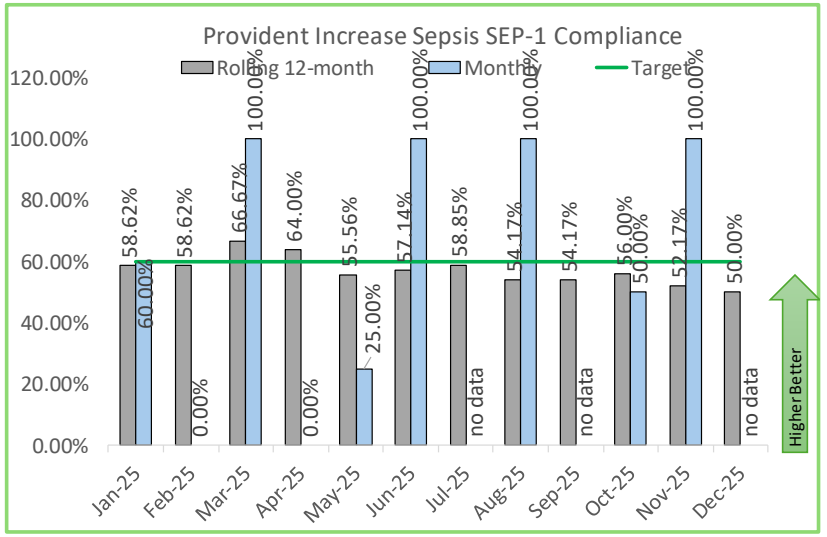
Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target
At Baseline, not improving from baseline

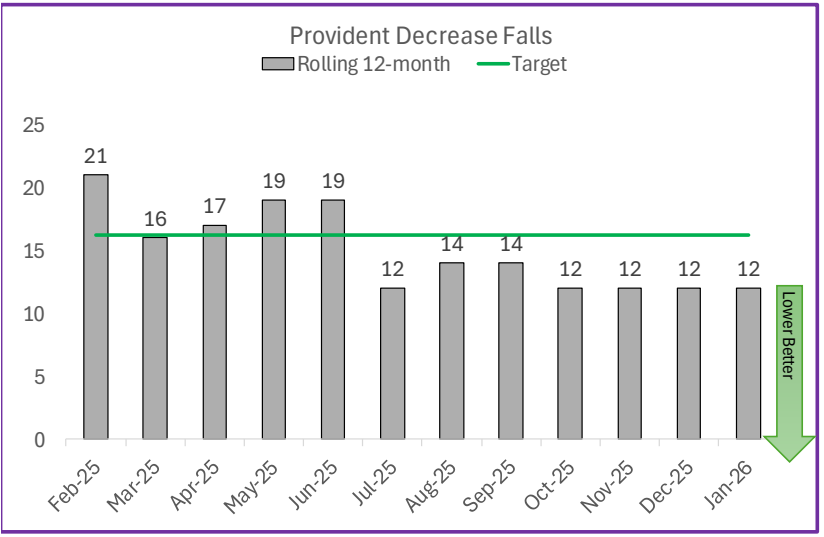
COOK COUNTY HEALTH

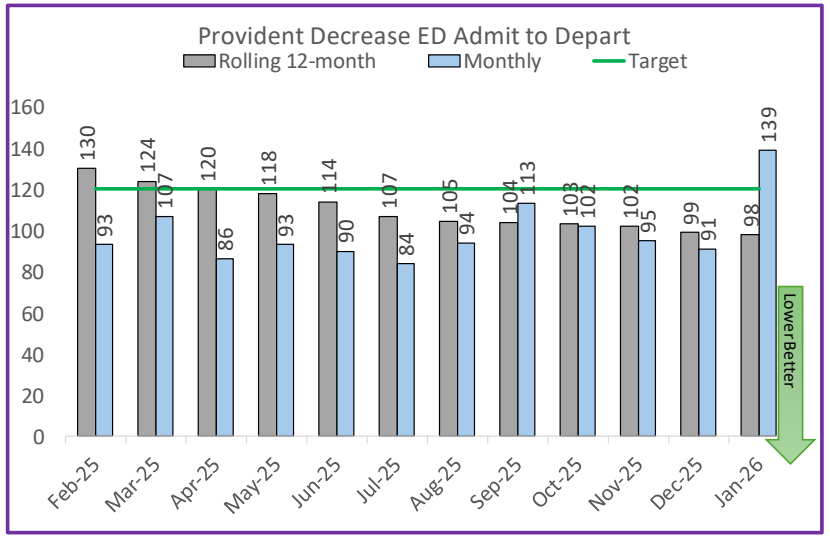
Op Ex Steering Committee Dashboard for Provident Hospital











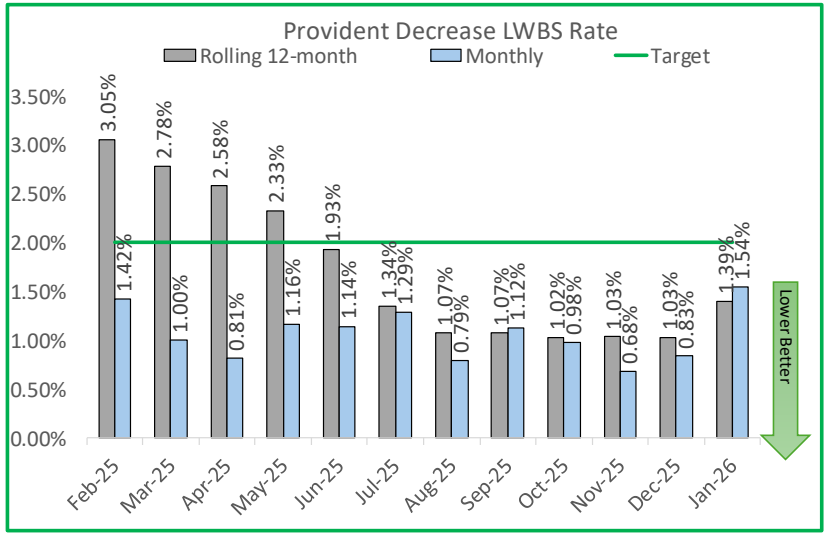


Chart performance monitoring-color based on the most recent rolling 12-month scoring measure results.

Provident
Op Ex Committee Dashboard

Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target
At Baseline, not improving from baseline

COOK COUNTY HEALTH

Op Ex Steering Committee Dashboard for Provident Hospital

DOMAIN WORKGROUPS **Metrics**

PATIENT EXPERIENCE	Target	Stretch	Baseline	Quarterly Improvement Expected	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	QTD Q4 2025	2024	YTD 2025	% in change
Increase Qtrly Survey Return Volumes	30	35	19	3	24	21	21	19	27	15	18	21	20	15	17	12	77	64	-17%
Data lagging updated often																			

	Target	Stretch	Baseline	Quarterly Improvement Expected	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	2024	2025	YTD 2026
Increase Rolling 12-month Top Box Comm w/ Nursing	80.00	83.00	74.55	0.613	75.95	73.37	74.24	75.13	76.53	77.52	79.29	78.12	81.66	81.53	80.80	82.92	75.53	80.80	88.89
Increase Monthly Top Box Comm w/ Nursing Domain					100.00	60.32	80.00	100.00	75.00	100.00	100.00	73.33	83.33	83.33	50.00	88.89			

CLINICAL OUTCOMES	Target	Stretch	Baseline	Quarterly Improvement Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2024	2025	% in change
Increase Rolling 12-month Increase Sepsis SEP-1	60%	65%	47%	3.33%	58.62%	58.62%	66.67%	64.00%	55.56%	57.14%	58.85%	54.17%	54.17%	56.00%	52.17%	50.00%	55.56%	50.00%	-10.0%
Increase Monthly Increase Sepsis SEP-1 Compliance					60.00%	0.00%	100.00%	0.00%	25.00%	100.00%	*no data*	100.00%	*no data*	50.00%	100.00%	*no data*			

	Target	Stretch	Baseline	Quarterly Improvement Expected	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	2024	2025	Linear Trend 2026
Decrease Rolling 12-month Inpatient Falls	16	15	18	-0.45	21	16	17	19	19	12	14	14	12	12	12	12	22	12	12
Decrease Monthly Inpatient Falls					2	1	2	2	2	0	2	0	0	1	0	0			

THROUGHPUT	Target	Stretch	Baseline	Quarterly Improvement Expected	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	2024	2025	YTD 2026
Decrease Rolling 12-month Median ED Admit Decision	120	100	139	-4.75	130	124	120	118	114	107	105	104	103	102	99	98	138	99	139
Decrease Monthly Median ED Admit Decision to Depart					93	107	86	93	90	84	94	113	102	95	91	139			

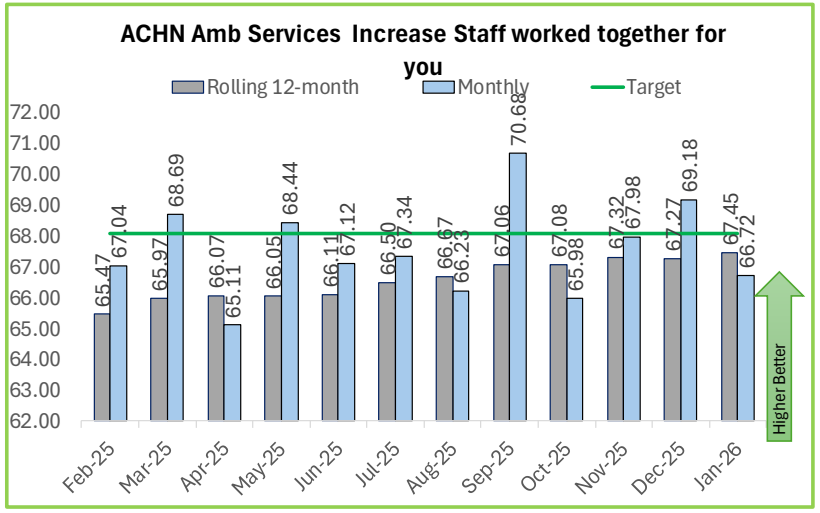
	Target	Stretch	Baseline	Quarterly Improvement Expected	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	2024	2025	YTD 2026
Decrease Rolling 12-month LWBS Rate	2.0%	1.0%	4.3%	-0.6%	3.05%	2.78%	2.58%	2.33%	1.93%	1.34%	1.07%	1.07%	1.02%	1.03%	1.03%	1.39%	4.28%	1.03%	1.54%
Decrease Monthly Decrease LWBS Rate					1.42%	1.00%	0.81%	1.16%	1.14%	1.29%	0.79%	1.12%	0.98%	0.68%	0.83%	1.54%			

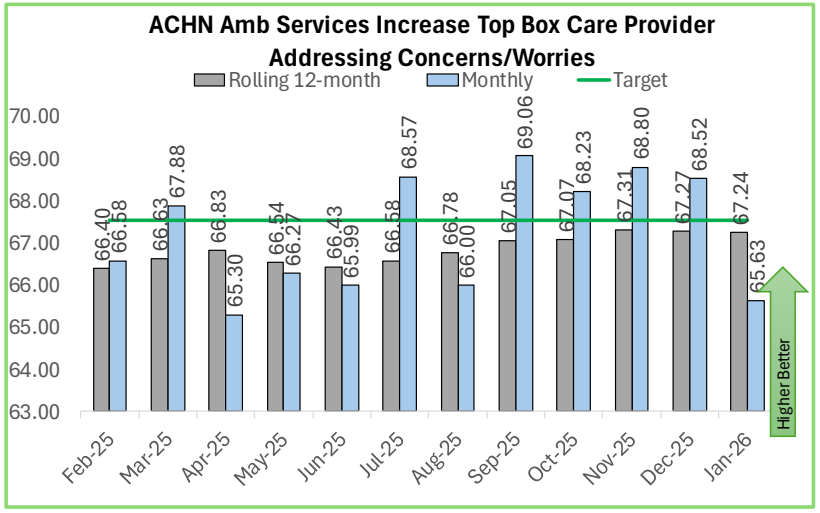
ACHN
Op Ex Committee Dashboard

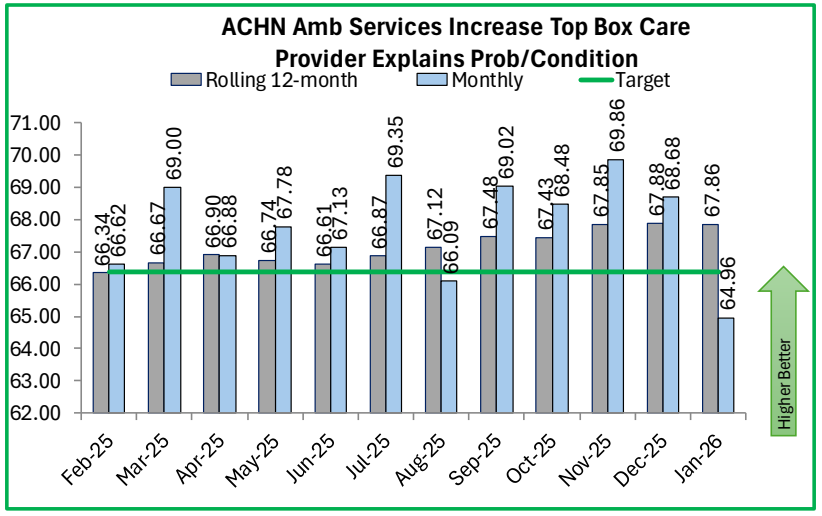
Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target
At Baseline, not improving from baseline

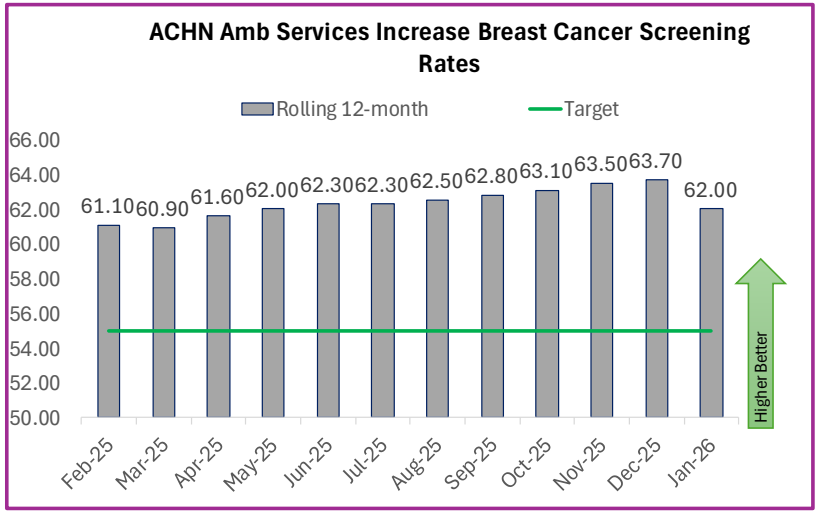
COOK COUNTY HEALTH

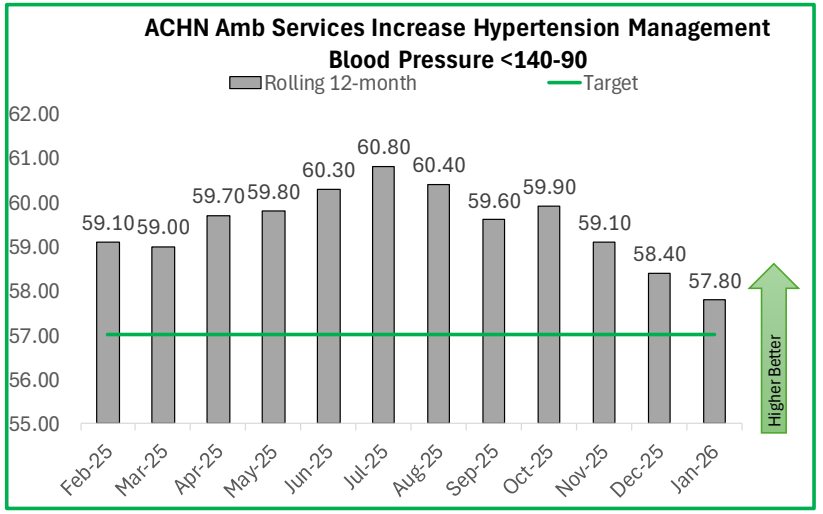
Op Ex Steering Committee Dashboard for ACHN

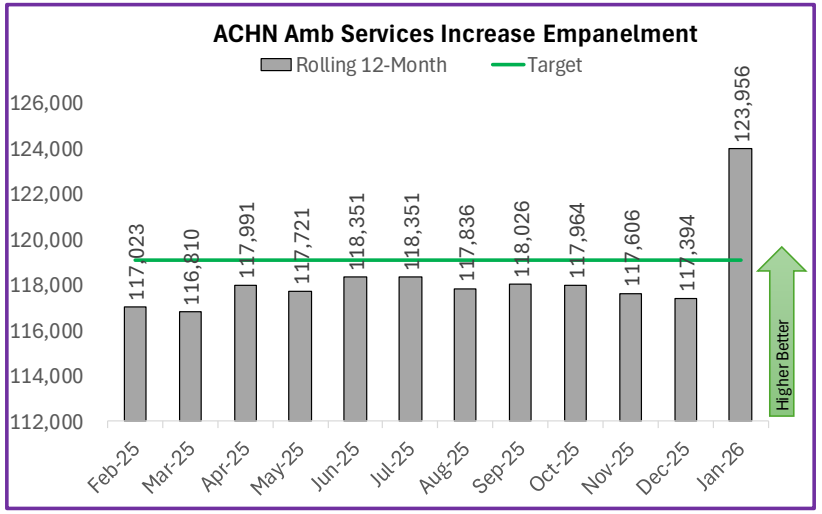












ACHN
Op Ex Committee Dashboard

Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target
At Baseline, not improving from baseline

COOK COUNTY HEALTH

Op Ex Steering Committee Dashboard for ACHN

DOMAIN WORKGROUPS | Metrics

PATIENT EXPERIENCE TOP BOX SCORING	Target	Stretch	Baseline	Quarterly Improvement Expected	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	2024	2025	YTD 2026
Increase Rolling 12-month Top Box - Staff worked	68.08	69.78	65.66	0.61	65.47	65.97	66.07	66.05	66.11	66.50	66.67	67.06	67.08	67.32	67.27	67.45	64.85	67.27	66.72
Increase Monthly Staff worked together for you					67.04	68.69	65.11	68.44	67.12	67.34	66.23	70.68	65.98	67.98	69.18	66.72			

	Target	Stretch	Baseline	Quarterly Improvement Expected	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	2024	2025	YTD 2026
Increase Rolling 12-month Top Box - Care Provider Addr.	67.54	69.13	65.62	0.48	66.40	66.63	66.83	66.54	66.43	66.58	66.78	67.05	67.07	67.31	67.27	67.24	65.85	67.27	65.63
Increase Monthly Care Provider Addressing					66.58	67.88	65.30	66.27	65.99	68.57	66.00	69.06	68.23	68.80	68.52	65.63			

	Target	Stretch	Baseline	Quarterly Improvement Expected	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	2024	2025	YTD 2026
Increase Rolling 12-month Top Box - Care Provider	66.39	68.36	64.47	0.48	66.34	66.67	66.90	66.74	66.61	66.87	67.12	67.48	67.43	67.85	67.88	67.86	65.97	67.88	64.96
Increase Monthly Care Provider Explains					66.62	69.00	66.88	67.78	67.13	69.35	66.09	69.02	68.48	69.86	68.68	64.96			

HEDIS	Target	Stretch	Baseline	Quarterly Improvement Expected	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	2024	2025	YTD 2026
Increase Rolling 12-month Breast Cancer Screening	55.00	58.40	53.30	0.43	61.10	60.90	61.60	62.00	62.30	62.30	62.50	62.80	63.10	63.50	63.70	62.00	50.50	63.70	62.00

	Target	Stretch	Baseline	Quarterly Improvement Expected	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	2024	2025	YTD 2026
Increase Rolling 12-month Hypertension Management Blood Pressure Rate <140/90 for patients	57.00	61.00	55.00	1.58	59.10	59.00	59.70	59.80	60.30	60.80	60.40	59.60	59.90	59.10	58.40	57.80	52.80	58.40	57.80

Empanelment	Target	Stretch	Baseline	Quarterly Improvement Expected	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	2024	2025	YTD 2026
Increase Empanelment of Engaged / Affiliated Patients	119,061	121,965	116,157	1,452	117,023	116,810	117,991	117,721	118,351	118,351	117,836	118,026	117,964	117,606	117,394	123,956	116,157	117,394	123,956

Chart performance monitoring-color based on the most recent rolling 12-month scoring measure type

Data Definitions & Legend Reference

Measures	Data Source / Definition
CLIN OUTCOMES - Falls	*Nursing Quality, includes all falls including with Injury. Volume counts only*
CLIN OUTCOMES - Mortality Index	*Vizient, Mortality Index, data is lagging due to uploads and is typically 2 months behind*
CLIN OUTCOMES - PSI-90	*Vizient, all payers composite, data is lagging due to uploads and is typically 2 months behind*
CLIN OUTCOMES - SEPSIS SEP-1	*Quality Abstraction, Iris Esquivel, this information is lagging due to clinical quality abstraction needed, typically 1-2 months behind*
Empanelment - Empanelment of Engaged / Affiliated Patients	*Health Registries/Analytics, unique patient count*
HEDIS - Hypertension Management Rate	*Health Registries/Analytics, portion of patients that have their hypertension managed blood pressure < 140/90*
HEDIS- Breast Cancer Screening Rate	*Health Registries/Analytics, portion of patients that have their breast cancer screening compliance met*
Pat Exp - Provider Addressing Concerns/Worries	*Press Ganey, custom question, using the filter for the sample, Received Date*
Pat Exp - Staff worked together for you	*Press Ganey, custom question, using the filter for the sample, Received Date*
Pat Exp- Care Provider Explains Prob/Condition	*Press Ganey, custom question, using the filter for the sample, Received Date*
Pat Exp- HCAPS Nursing Communication Domain	*Press Ganey, CMS Reportable Filter, Received date*
Pat Exp HCAPS Provider Communication Domain	*Press Ganey, CMS Reportable Filter, Received date*
Pat Exp -Survey Returned Volumes	*Press Ganey, all surveys returned by received/aka processed date, Data refreshed monthly up to 6 months retrospectively*
READMIT - CMS COPD Readmissions Rate	*Vizient, all payers/age; this data is lagging due to readmissions being a look forward 30-31 days for month prior, typically 3 months behind*
READMIT - Post Hospital Follow-up Days	*Cerner, avg days post hospital discharge to post hospital appointment made, primary care specific*
THROUGHPUT - Admit Dec to ED Depart	*BI Tableau Dashboard for throughput using Median ED Admit Decision to depart*
THROUGHPUT - ED LOS for ED Discharged Patients	*Quality Abstraction, Iris Esquivel, this information is lagging due to clinical quality abstraction needed, typically 1-2 months behind*
THROUGHPUT - GeoMean LOS	*Vizient, excluding OBSERVED GMLOS >30 days, this information is lagging due to the coding, billing and documentation needed and is typically 2 months behind*
THROUGHPUT- LWBS	*BI Tableau dashboard - system volumes, to include all patients, Numerator / Denominator calculations*